2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED Apr 30, 2005 08:00 AM Secretary of State

1. Entity Nan	MENT # A21662 BERS ASSOCIATES, LTD.				Secretary of Stat
Principal Place of Business 3020 HARTLEY RD. SUITE 300 JACKSONVILLE, FL 32257		Mäiring Address 3020 HARYLEY RD. SUITE 300 JACKSONVILLE, FL 32257)	
2. Principal I	Place of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #. etc.			01282005 Chg-LP CR2E003 (10/03)
City & State		City & State			4. FEI Number Applied For 59-2665896 Not Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired Security Securi
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
FARRELL, MARK T 3020 HARTLEY RD. SUITE 300				Street Address (P.O. Box Number is Not Acceptable)
JACKSONVILLE, FL 32257					
				City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and file if applicable DATE					
9. Capital Contributions \$1,350,000.00 10. Amount of Capital Contributions in FLORIDA to date.					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE, NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12.	GENERAL PARTNER		13,	i, an americance	ADDRESS CHANGES ONLY
DDCUMENT # NAME	P98000033302 VESTCOR, INC.	<u>-</u>	STR	EET ADDRESS	•
STREET ADDRESS CITY-ST-ZIP	3020 HARTLEY RD. SUITE 300 JACKSONVILLE, FL 32257	-	GITY	-SI-ZIP	
DOCUMENT #			STRI	EET ADDRESS	
NAME STREET ADDRESS	ROOD, J. NEIL TRUSTEE 12191 MANDARIN RD.		City	-SI-ZIP	
DOCUMENT #	JACKSONVILLE, FL 32223			 }	<u> </u>
NAME STREET ADDRESS	HAZARD, JOHN E POST OFFICE BOX 1398		STRI	TET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 3200		CITY	-ST-ZIP	
DOCUMENT # NAME	AMALL, JOSEPH H	**	STRI	EET AODRESS	•
STREET ADDRESS City-St-Zip			CITY	-ST-ZIP	
DOCUMENT # NAME				EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	SS 3020 HARTLEY RD. SUITE 300		CITY	-ST-ZIP	
DOCUMENT / NAME			STRE	ET ADDRESS	
SIREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	
14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
Mark T. Farrell April 21 2005 (904) 260-3030					