2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A21816

1. Entity Name
DEER POINTE OF TALLAHASSEE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUN 27 AM 10:04

Principal Place of Business	Mailing Address
4332 CAPITAL CIRCLE, N.W. TALLAHASSEE, FL 32303	4332 CAPITAL CIRCLE, N.W. TALLAHASSEE, FL 32303

04262005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
4123 Woodville Highway	Post Office Box 6052
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32305 Country: Leon	Zip: 32314 Country: Leon

4. FEI Number: 59-2791135 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAYFIELD, CATHERINE 4223 CAPITAL CIRCLE NW TALLAHASSEE, FL 32303	Name: Michael Blankenship Street Address (P.O. Box Acceptable): 4123 Woodville Highway City: Tallahassee FL 32305

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 familiar with, and accept the obligations of registered agent.

SIGNATURE: Michael Blankenship — April 26, 2005
Signature, typed or printed name of registered agent and title if applicable — DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$717,200.00	

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 INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L49196	STREET ADDRESS	4123 Woodville Highway
NAME	DEER POINTE OF TALLAHASSEE, INC.	CITY-ST-ZIP	Tallahassee, Florida 32305
STREET ADDRESS	4223 CAPITAL CIRCLE, NW		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Mike Blankenship — April 26, 2005 — 850-878-5738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #