
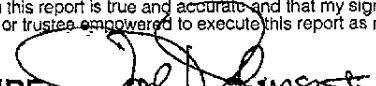


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # A23024					
1. Entity Name ROBINSON PROPERTY LTD.					
Principal Place of Business % LAUREL HOMES, INC. PO BOX 300789, 150 OXFORD RD FERN PARK, FL 32730-0789			Mailing Address % LAUREL HOMES, INC. PO BOX 300789, 150 OXFORD RD FERN PARK, FL 32730-0789		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent ROBINSON, JOSEPH D. IV 150 OXFORD RD. FERN PARK, FL 32730			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$250,000.00			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 INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS	000000273951	
STREET ADDRESS	ROBINSON, PETER G.		CITY-ST-ZIP	11/19/05 00050 000 526-25	
CITY-ST-ZIP	3201 CARDINAL DR. P-5 VERO BEACH, FL 32960		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	ROBINSON, JOSEPH D., IV		CITY-ST-ZIP		
CITY-ST-ZIP	150 OXFORD RD., STE. #140 FERN PARK, FL 32730		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	ROBINSON, LAURA CARROLL		CITY-ST-ZIP		
CITY-ST-ZIP	150 OXFORD RD SUITE 140 FERN PARK, FL 32730		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			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: 			Joseph D. Robinson, IV 03/17/05 407-831-2211		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

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