2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED Feb 28, 2005 08:00 AN Secretary of State

DOCUI 1. Entity Name AFM-RRI-								Secre	tary of S
Principal Place of Business Mailing Address 516 LAKEVIEW ROAD, UNIT 8 516 LAKEVIEW ROAD, CLEARWATER, FL 33756 US CLEARWATER, FL 337				UNI T 8 756 U	S				
2. Principal Fl	ace of Business	3. N	3. Mailing Address						
Suite, Apt. ≠, etc.		S	Suite, Apt #. etc			01272005	Chg-LP	CR2E003	(10/03)
City & State	,	C	City & State			4. FEI Number 59-2864			Applied For Not Applicable
Zıp	<u> </u>		Zip Cour		try	5. Certificate of	of Status Desired	Feg	.75 Additional Required
	6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New I	Registered Age	nt
516 LAKEV	NAGEMENT CORPORAT TIEW ROAD, UNIT 8 TER, FL 33756	ΓΙΟΝ			Street Address ((PO Box Numbe	r is Not Acceptab	e)	
					Cily			FL	Zip Code
	named entity submits this statem one of registered agent.	ent for the p	urpose of changing it	s registen	ed office or register	red agent, or both	, 'n the State of স	orida I am fam	iar with, and accept
SIGNATURE -	Signature, 175-bling purisoname diregisterso	i agent and title if	applicante				 _	DATE	<u> </u>
S. Capital Contributions as Shown on record \$341,506.00 10. Amount of Capital C in FLORIDA to date.					putions				
	A GENERAL PARTN NOTE: General Partners								r.
12.	GENERAL PAF	TNER INFO	RMATION	13.			ADDRESS OH	ANGES ONLY	
DOCUMENT #	P98000016564 AFM ONE, INC.			SIRE	IT ADDRESS				
STREET ADDRESS CITY ST-ZIP	ADDRESS 516 LAKEVIEW ROAD, UNIT 8			CITY	ST ZP	0(n00n246622 02/29/05-2007 4-00 2/ 535_0 0			
EIGGUMENT ≠ NAME		_	_	ŞTRE	ET ADDRESS				
STREET ADDRISS CITY ST. ZIP				спу	\$7-202				
DOCUMENT # NAME				STRE	ET AUDPESS				
STREET ADDRESS CITY STUZIE			· · · · · · · · · · · · · · · · · · ·	CĮT~	.gr. 2:0		·		
DOCUMENT #				STRE	ET ADDRESS				
CTREET ADDRESS GITY-ST-ZIP				0177	. \$7 - 7 .9				
SOCUMENT #				STRE	ET ADOPESS				
STREET ADDRESS CITY - ST - 710				GNY	SI-29	······································			
DOCUMENT # NAME STREET ADDRESS					FT ADOPESS				
14. Thereby or indicated of	erily that the information supplied on this report is true and accurate or or trustee empty aged to exect	n with this filing and that my	ng does not qualify for signature shall have	r the exer	ription stated in Se legal effect as if it	otion 119 07(3)(:) nace under oath;	, Florida Statutes Ihat I am a Genera	I further certify (at Partner of the	hat the information limited partnership or
tha receive	une / 7/	//		Flyn	s Vice-Pr	esident o	f 2/16/0		449–1182