2005 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2005 Apr 26, 2005 08:00 AM Secretary of State DOCUMENT # A24216 S. K. PARTNERS I, LIMITED Principal Place of Business Mailing Address 900 S. FEDERAL HIGHWAY 900 S, FEDERAL HIGHWAY **SUITE 321** Suite 321 STUART, FL 34994 STUART, FL 34994 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc. 04072005 CR2E003 (10/03) Chg-LP 4. FEI Number Applied For City & State City & State 59-2850111 Not Applicable Country Country \$8.75 Additional Zin Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Ragistered Agent 6. Name and Address of Current Registered Agent Mame STETSON, J. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 900 S, FEDERAL HIGHWAY SUITE 321 STUART, FL 34994 Zip Code 8. The above named entity subnits 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, DATE Signature, typed in printed name of registered agent and title if applicable 9. Capital Contributions 18. Amount of Capital Contributions \$1,030,110.00 as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. P99000079011 DOCUMENT # STREET ADDRESS NAME SKI GP, INC. STREET ADDRESS 4400 PGA BLVD, STE 900 ADMIRALTY CENTER CITY-ST-ZIP 11000000331224 CITY-ST-ZIP PALM BEACH GARDENS, FL. 33410 04/26/05-80007-013-526.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City - ST - 7IP CITY-ST-ZIP GOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P CITY-ST-28 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City-St ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STAPLE CHECK NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 (9.07(3))). 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADURESS

CITY-ST-ZP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

OR PRINTED NAME OF SIGNING GENERAL PARTNER