2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

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- FILEU SECRETARY OF STATE **DOCUMENT # A25046** DIVISION OF CORPORATIONS 1. Entity Name MANATEE MANAGEMENT, LTD. 05 APR -4 AM II: 08 Principal Place of Business Mailing Address 8210 LAKEWOOD RANCH BLVD. 8210 LAKEWOOD RANCH BLVD. BRADENTON, FL 34202 BRADENTON, FL 34202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01282005 CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 59-2839689 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEAL, PATRICK K. Address (P.O. Box Number is Not Acceptable) 8210 LAKEWOOD RANCH BLVD. BRADENTON, FL 34202 Bradenton 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 9. Capital Contributions 10. Amount of Capital Contributions \$150,000.00 in FLORIDA to date. as Shown on record. 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS PATRICK K. NEAL & ASSOCIATES, INC. NAME STREET ADDRESS 8210 LAKEWOOD RANCH BLVD. CITY-ST-ZIP CITY-ST-7IP BRADENTON, FL 34202 DOCUMENT # STREET ADDRESS NAME luosossaset STREET ADDRESS CITY-ST-ZIP 04/11/05--01021--007 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT (STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOC! WENT STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP 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 employered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER