2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

DOCUI			SECRETARY OF STATE DIVISION OF CORPORATIONS					
Principal Place of Business 14025 RIVEREDGE DR. SUITE 550 TAMPA, FL 33637		Mailing Address 14025 RIVEREDGE DR. SUITE 550 TAMPA, FL. 33637			S	05 FEB 1	7 AM II: 21	
`	face of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		02022005	Chg-LP	CR2E00	3 (10/03)
City & Stat	e	City & State	City & State		4. FEI Number 59-2924	100		Applied For Not Applicable
Zip	Country	Zip	Zip Country		5. Certificate of		D F	8.75 Additional se Required
	6. Name and Address of Curre	nt Registered Agent			7. Name and Address of New Registered Agent			
SIMMONS, R. RANDOLPH III 14025 RIVEREDGE DR. SUITE 550 TAMPA, FL 33637			Name Street Address (P.O. Box Number is Not Acceptable)					
IAMEA, E	L 33031		City			· · · · · · · · · · · · · · · · · · ·	FL	Zip Code
	named entity submits this statemen ions of registered agent.	t for the purpose of changing its r	registered office or	registere	d agent, or both	, in the State of Fl	lorida. I am fa	miliar with, and accep
SIGNATURE	Signature, typed or printed name of registered ac	pent and trie if applicable.					DATE	
9. Capital Co as Shown	entributions on record. \$5,000,000.00	Contributions te. 541	22	3.73			-	
		R THAT IS A BUSINESS ENT MAY NOT be changed on th						
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY					
DOCUMENT / NAME STREET ADDRESS CATY-ST-ZIP	SIMMONS, R. RANDOLPH III 14025 RIVEREDGE DRIVE, SUITE 550							
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	SMITH, DARRELL L 14025 RIVEREDGE DRIVE, S TAMPA EL 33637	STREET ADDRESS	3880 N. PITA WHITE 803					
DOCUMENT /			STREET ADDRESS			icce ji		(101
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					
DOCUMENT #  NAME STREET ADDRESS			STREET ADORESS CITY-ST-ZIP		21 02/23	00047 705010	'143! <del>11010</del>	562 **535,00
DOCUMENT /			STREET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					,
DOCUMENT #			STREET ADORESS					
STREET ADDRESS CITY-ST-ZIP			CATY-ST-ZIP				44.	. <u> </u>
14 I hereby indicated the receiver	certify that the information supplied of on this report is true and adjurate a ver or trustee empowered to execute	with this filing does not qualify for and that my signature shall have t this report as required by Chapt	the exemption stat he same legal effec er 620, Florida Stat	ed in Sec ct as if ma tutes	ction 119.07(3)(i) ade under oath;	, Florida Statutes that I am a Gener	. I further certi ral Partner of t	fy that the information he limited partnership
SIGNAT	TURE:	D OF PRINTED NAME OF SIGNING GENERA	PARTWER		2/	3/05	Pa-	Anna Chona #
				$\overline{m}$	-	Lette	De	ytime Phone #
	6	100/ph Sim eneral Parti	ner '					