2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

STAPLE CHECK HERE

FILED May 16, 2005 08:00 AM Secretary of State

DOCUMENT # Ā27806 1. Entity Name TFLP, LTD.						cretary of State	
Principal Place of Business Māiling Address P. O. BOX 2973 PALM BEACH, FL 33480 PALM BEACH, FL 33480 PALM BEACH, FL 33480				• •		(((
Principal Place of Business Address Mailing Address			 				
Suite, Apt. #, etc.		Suite, Apt, #, etc.		04252005 Chg-LP	CR2E003 (10/03)		
City & State		City & State		4. FEI Number 65-0177984	Applied For Not Applicable		
Zip	Country	Zip	Count	ry	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current P	Registered Agent		Name	7. Name and Address of New	Registered Agent	
HERON, J E 232 AUSTRALIAN AVE.				Street Address (P.O. Box Number is Not Acceptable)			
PALM BEACH, FL 33480			}				
			}	City		Zip Code	
8 The above	named antity Et hmite this statement for	this purpose of changing to	rogistere	•	and proper or both in the Prote of E		
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 Signature, typed or printed name of registered agent and the 4 applicable.							
9. Capital Contributions as Shown on record. \$25,000.00 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.	GENERÂL PARTNER		13.	an amendmen		Janges Only	
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14. I hereby certify that the information supplied wiffi this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 truster employeded to preque this report as Testinged by Chapter 620, Florida Statutes W. Mung							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE PARTIES						561-659-3060 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTINER Date Daysime Prone & Jem E Heror as Mer, Lent							