

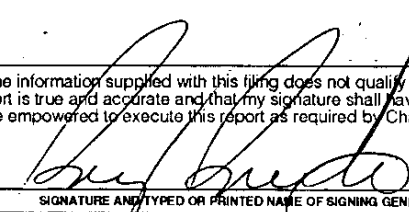


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

**Due By May 1, 2005**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 18 AM 8:14

<b>DOCUMENT # A28720</b> 1. Entity Name <b>STONERIDGE LANDING OF INVERNESS, LTD.</b>					
Principal Place of Business <b>3741 S.W. 7TH STREET OCALA, FL 34474</b>			Mailing Address <b>POST OFFICE BOX 1659 OCALA, FL 34478</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  02152005    Chg-LP    CR2E003 (10/03)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-2961449</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>TLT, INC. 3741 S.W. 7TH STREET OCALA, FL 34474</b>	
7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	
9. Capital Contributions as Shown on record. <b>\$19,800.00</b>		10. Amount of Capital Contributions 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.	
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	K44330		STREET ADDRESS		
NAME	TLT, INC.		CITY-ST-ZIP		
STREET ADDRESS	3741 S.W. 7TH STREET		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34474		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 			2-16-05    352-732-5757		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date    Daytime Phone #</small>		

STAPLE CHECK HERE