

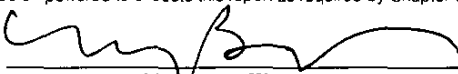
# 2005 LIMITED-PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAY -2 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A29160					
1. Entity Name PALMER RANCH LIMITED PARTNERSHIP					
Principal Place of Business 31731 NORTHWESTERN HIGHWAY SUITE 250-W FARMINGTON HILLS, MI 48334			Mailing Address 31731 NORTHWESTERN HIGHWAY SUITE 250-W FARMINGTON HILLS, MI 48334		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 38-2902566	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LUPTAK, PAOLA 4700 NW BOCA RATON BLVD., 4TH FLOOR BOCA RATON, FL 33431			Name LUPTAK, PAOLA		
			Street Address (P.O. Box Number is Not Acceptable) 2201 NW CORPORATE BLVD.		
			SUITE 100		
			City BOCA RATON, FL 33431 FL 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. \$990.40		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 #	F99000005883		STREET ADDRESS		
NAME	PALMER GENERAL, INC.		CITY-ST-ZIP		
STREET ADDRESS	31731 NORTHWESTERN HIGHWAY, SUITE 250				
CITY-ST-ZIP	FARMINGTON HILLS, MI 48334				
DOCUMENT #			STREET ADDRESS	000055332290	
NAME			CITY-ST-ZIP	05/25/05--01053--005 **141.25	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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: 			4/15/05		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		
			Daytime Phone #		

STAPLE CHECK HERE