2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

CUMMINS AND NAILOS, P.A. 2215 CLUSTER OAK DR., SUITE 2 CLERMONT FL 3471 8. The above named eality submits his statement for the purpose of changing its registered office or regist in the State of Florida Haylamillar with and accept the obligations of registered agent. SIGNATURE 9. Capital Contributions 9. Capital Contributions A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGIS NOTE: General Partners MAY NOT be changed on the form; an amendment 12. GENERAL PARTNER INFORMATION 13. DOCUMENT J JB0829 INVIEW ADDRESS P.O. BOX 171799 CITY-ST-ZIP CITY-ST-ZIP COCUMENT ORGANIST CONTROL STREET ADDRESS CITY-ST-ZIP DOCUMENT NAME SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS SIR	1ST MOORE CR2E003 (10/04) 4. FEI Number 59-2936169 Applied For Not Applied Fo
Suite, Apt. #, etc. City & State Country 6. Name and Address of Current Registered Agent Name CUMMINS AND NAILOS, P.A. 2215 CLUSTER OAK DR., SUITE 2 CLERMONT FL 3471 0 City 8. The above named equity submits his statement for the purpose of changing its registered office or regist in the State of Floridal At Admitty and proceeding the obligations of registered agent. SIGNATURE 9. Capital Contributions A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGIS NOTE: General Partners MAY NOT be changed on the form; an amendment of Capital Contributions A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIS NOTE: General Partners MAY NOT be changed on the form; an amendment of Capital Contributions P.E. HOMES, INC. SIRET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP DOCUMENT / NAME SIRET ADDRESS CITY-ST-ZP DOCUMENT / NAME SIRET ADDRESS CITY-ST-ZP CIT	4. FEI Number 50 2026160 Applied For
Suite, Apt. #, etc. City & State CUMMINS AND NAILOS, P.A. 2215 CLUSTER OAK DR., SUITE 2 CLERMONT FL 3471 6. The above named entity submits his statement for the purpose of changing its registered office or regist in the State of Findian Anytomist with and accept the obligations of registered agent. SIGNATURE Suite Address (City & State and Address of Current Registered Agent) 8. The above named entity submits his statement for the purpose of changing its registered office or regist in the State of Findian Anytomist with and accept the obligations of registered agent. SIGNATURE Suite Address (City State and St	4. FEI Number 50 2026160 Applied For
City & State Zip Country Zip Country S. Name and Address of Current Registered Agent Name CUMMINS AND NAILOS, P.A. 2215 CLUSTER OAK DR., SUITE 2 CLERMONT FL 34711 City 8. The above named explit submits they statement for the purpose of changing lits registered office or regis in the State of Florida / Parlamility with and of cept the obligations of registered agent. SIGNATURE 9. Capital Contributions 9. Capital Contributions 9. Capital Contributions A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGIS NOTE: General Partners MAY NOT be changed on the form; an amendment of the contributions of	4. FEI Number 50 2026160 Applied For
5. Name and Address of Current Registered Agent CUMMINS AND NAILOS, P.A. 2215 CLUSTER OAK DR., SUITE 2 CLERMONT FL 3471 CITY 8. The above named estity submits thy statement for the purpose of changing its registered office or regist in the State of Floridal Paylamility with and decept the obligations of registered agent. SIGNATURE 9. Capital Contributions 9. Capital Contributions 9. Capital Contributions 10. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIS NOTE: General Partners MAY NOT be changed on the form; an amendment of the state of Floridal Paylaming and the state of Floridal Paylaming as Shown on record. 12. GENERAL PARTNER INFORMATION 13. SIREET ADDRESS CITY-51-2P CLERMONT FL 34712 DOCUMENT / MAME SIREET ADDRESS CITY-51-2P COLUMNT / STAPP CLERMONT FL 34712 CITY-S1-2P COLUMNT / STAPP COLUMNT / MAME SIREET ADDRESS CITY-S1-2P CITY-S1-2P COLUMNT / MAME SIREET ADDRESS CITY-S1-2P SIREET ADDRESS SIREET	E0 2026160
CUMMINS AND NAILOS, P.A. 2215 CLUSTER OAK DR., SUITE 2 CLERMONT FL 3471 8. The above named entity submits this statement for the purpose of changing its registered office or regist in the State of Floriday in the state o	Not Applicable
CUMMINS AND NAILOS, P.A. 2215 CLUSTER OAK DR., SUITE 2 CLERMONT FL 3471 6 Street Address (CITY-S1-ZIP DOCUMENT / NAME STREET ADDRESS CITY-S1-ZIP DOCUMENT / NAME STREET ADDRESS CITY-S1-ZIP DOCUMENT / NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP DOCUMENT / NAME STREET ADDRESS STREET AD	5 Certificate of Status Desired \$8.75 Additional
CUMMINS AND NAILOS, P.A. 2215 CLUSTER OAK DR., SUITE 2 CLERMONT FL 34711 O City 8. The above named entity bubmits his statement for the purpose of changing its registered office or regis in the State of Flords. Parfamility with and score the obligations of registered agent. SIGNATURE Signatured or printed name of registered agent and title applicable. 9. Capital Contributions as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIS NOTE: General Partners MAY NOT be changed on the form; an amendment of the state of Flords and the state of Contributions of the state of Flords and the state of Flords agent and title applicable. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIS NOTE: General Partners MAY NOT be changed on the form; an amendment of the state of Flords and the st	7. Name and Address of New Registered Agent
8. The above named entity submits his statement for the purpose of changing its registered office or regist in the State of Floridal Hydramilitary with and accept the obligations of registered agent. SIGNATURE Spokink bred or printed name of repistered agent and title if applicable DATE 9. Capital Contributions as Shown on record. A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGIST NOTE: General Partners MAY NOT be changed on the form; an amendment of the state of Floridal Partners MAY NOT be changed on the form; an amendment of the state of Floridal Partners MAY NOT be changed on the form; an amendment of the state of Floridal Partners MAY NOT be changed on the form; an amendment of the state of Floridal Partners MAY NOT be changed on the form; an amendment of the state of Floridal Partners MAY NOT be changed on the form; an amendment of the state of Floridal Partners MAY NOT be changed on the form; an amendment of the state of Floridal Partners MAY NOT be changed on the form; an amendment of the state of Floridal Partners MAY NOT be changed on the form; an amendment of Floridal Partners MAY NOT be changed on the form; an amendment of Floridal Partners MAY NOT be changed on the form; an amendment of Floridal Partners MAY NOT be changed on the form; an amendment of Floridal Partners MAY NOT be changed on the form; an amendment of Floridal Partners MAY NOT be changed on the form; an amendment of Floridal Partners MAY NOT be changed on the form; an amendment of Floridal Partners MAY NOT be changed on the form; an amendment of Floridal Partners MAY NOT be changed on the form; an amendment of Floridal Partners MAY NOT be changed on the form; and the floridal Partners MAY NOT be changed on the form; and the floridal Partners MAY NOT be changed on the form; and the floridal Partners MAY NOT be changed on the form; and the floridal Partners MAY NOT be changed on the form; and the floridal Partners MAY NOT be changed on the form; and the floridal Partners MAY NOT be changed on the form; and the floridal Par	O. Box Number is Not Acceptable)
SIGNATURE Separature and or printed name of registered agent and title if applicable 9. Capital Contributions as Shown on record. 8	FL Zip Code '
12. GENERAL PARTNER INFORMATION DOCUMENT J80829 P.E.I. HOMES, INC. STREET ADDRESS CITY-ST-ZIP CLERMONT FL 34712 CITY-ST-ZIP DOCUMENT NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-S	ERED AND ACTIVE WITH THIS OFFICE.
NAME STREET ADDRESS CITY-ST-ZIP CLERMONT FL 34712 DOCUMENT NAME STREET ADDRESS CITY-ST-ZIP CLTY-ST-ZIP STREET ADDRESS CLTY-ST-ZIP CLTY-ST-ZIP CLTY-ST-ZIP STREET ADDRESS CLTY-ST-ZIP STREET ADDRESS CLTY-ST-ZIP CLTY-ST-ZIP CLTY-ST-ZIP STREET ADDRESS CLTY-ST-ZIP CLTY-ST-ZIP CLTY-ST-ZIP STREET ADDRESS	ADDRESS CHANGES ONLY
CITY-ST-ZIP DOCUMENT ANAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DOCUMENT ANAME STREET ADDRESS	•
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-	
CITY-ST-ZIP DOCUMENT NAME STREET ADDRESS CITY-ST-ZIP CI	400048846034 03/22/0501021018 **526.25
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP DOCUMENT NAME STREET ADDRESS TCITY-ST-ZIP CITY-ST-ZIP TSTREET ADDRESS TCITY-ST-ZIP STREET ADDRESS TCITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TSTREET ADDRESS TCITY-ST-ZIP TSTREET ADDRESS	
CITY-ST-ZIP DOCUMENT STREET ADDRESS CITY-ST-ZIP DOCUMENT STREET ADDRESS CITY-ST-ZIP DOCUMENT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP COLLY-ST-ZIP COLLY-ST-ZIP COLLY-ST-ZIP COLLY-ST-ZIP STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP DOCUMENT NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	المناف المعامدة أوالمنافع الماسي الماسية
DOCUMENT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DOCUMENT NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	مينيان المرابعة والمرابعة المرابعة المرابعة
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT NAME STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIPP DOCUMENT STREET ADDRESS STREET ADDRESS	
NAME.	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Sindicated on this report is true and accurate and that my signature shall have the same legal effect as if the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes	