2005 LIMITED PARTNERSHIP ANNUAL REPORT . Que By May 1, 2005

STAPLE CHECK HERE

FILED Mar 14, 2005 08:00 AM Secretary of State

1. Entity Nam	e of Busines PUR ROAD L 32751 Place of Busin		Mailing Address % BROAD & CASSEL P.O. BOX 4961 ORLANDO, FL 32802-4961 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		ntry	Secretary of State 01102005 Chg-LP CR2E003 (10/03) 4. FEI Number Applied For S9-2985767 Not Applicable 5. Certificate of Status Desired \$8.75 Additional
6. Name and Address of Curren		and Address of Current 5	Registered Agent		1	7. Name and Address of New Registered Agent
o, Haile and Address of Carlett negastered Agent					Name	7. Name and Address of New Registered Agent
FLORIDA	SERVICES OF CEN SE AVE., #1100	TRAL	<u> </u>		P.O. Box Number is Not Acceptable)	
ORLANDO						-
					City	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 Signature typed or printed name of registered agent and title if applicable.						
9. Capital Contributions as Shown on record \$1,192,043.00 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 # NAME	Si Si				EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	TREET ADDRESS 1551 SANDSPUR ROAD			CITY	Y·SI-ZIP	
EOCUMENT # NAME	-			STR	EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP				ÇITA	Y-ST-ZIP	
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STREET ADDRESS CITY - ST - ZIP				CHY	r - \$1 - 2IP	
DOGUMENT # NAME				STR	EET ADDRESS	
STREET ADDRESS CITY-SI-ZIP	CITY-SI-ZIP				r-St-ZIP	
14. I hereby certify that the information supplied with this filling 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: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER MICHAEL J. SCIARRENO, PRES.						
MICHAEL V. SCHIN-CHOO) FREES.						