205 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

ÉI FD **DOCUMENT # A30027** 05 APR 19 PH 4: 15 BAY HARBOUR 90-1, LTD. SECRETARY OF STATE FALLAHASSEE FLORIDA Mailing Address Principal Place of Business 10124 FOXHURST COURT 10124 FOXHURST COURT ORLANDO, FL 32836 ORLANDO, FL 32836 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 59-3009725 Not Applicable Country \$8.75 Additional Zip Country Zio 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAY HARBOUR INVESTMENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 10124 FOXHURST COURT ORLANDO, FL 32836 City 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, typind or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$149,719,283.60 in FLORIDA to date. 124,329,870.12 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. K74619 DOCUMENT # STREET ADDRESS BAY HARBOUR INVESTMENTS.INC. NAME STREET ADDRESS 10124 FOXHURST COURT CITY-ST-ZIP CITY - ST- ZIE ORLANDO, FL 32836 400054032704 05/06/05--01115--011 **\$35.00 DOCUMENT # STREET ADORESS STREET ADORESS CITY-ST-7/P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAMÉ STREET ADDRESS CHY-ST-7/P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER