


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

**RECEIVED JAN 1 2005
Mar 23, 2005 08:00 AM
Secretary of State**

| | |
|--|---|
| DOCUMENT # A30138 1. Entity Name SHANNON WOODS, LTD. |  |
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| Principal Place of Business 3250 MARY STREET SUITE 306 MIAMI FL 33133 | Mailing Address 3250 MARY STREET SUITE 306 MIAMI FL 33133 |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

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|---|--|
| 6. Name and Address of Current Registered Agent LEVINE, ALAN W ESQ. 1110 BRICKELL AVE. 7TH FLOOR MIAMI FL 33131 | |
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1ST MOORE CR2E003 (10/04)

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|------------------------------------|-------------------------------|
| 4. FEI Number 59-1352643 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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|---|---|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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| 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. |
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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | DATE _____ |
|--|------------|

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| 9. Capital Contributions as Shown on record. \$500,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. |
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**FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.**

**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 | STREET ADDRESS | |
| STREET ADDRESS | PORT ORANGE G.P., INC. | CITY- ST- ZIP | |
| CITY- ST- ZIP | 3250 MARY STREET SUITE 306 MIAMI FL 33133 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| STREET ADDRESS | | CITY- ST- ZIP | |
| CITY- ST- ZIP | | | |
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| CITY- ST- ZIP | | | |

**U000000273814
03/23/05-80041-023 \$26.25**

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| 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 |
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|---|---|------|-----------------|
| SIGNATURE:  | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | Date | Daytime Phone # |
|---|---|------|-----------------|

STAPLE CHECK HERE