2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED Jan 28, 2005 08:00 AM Secretary of State **DOCUMENT # A30292** WETHERBEE ACRES, LTD. Principal Place of Business Mailing Address ATTN: GEORGE T. EIDSON, JR. ATTN: GEORGE T. EIDSON, JR. 255 ORANGE AVE., SUITE 1700 P.O. BOX 231 ORLANDO, FL 32801 ORLANDO, FL 32802 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032005 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 59-3030897 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EIDSON, GEORGE T., JR. Street Address (P.O. Box Number is Not Acceptable) 255 S. ORANGE AVE., SUITE 1700 ORLANDO, FL 32801 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, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,061,235.34 in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY 12, GENERAL PARTNER INFORMATION DOCUMENT # STREET ADDRESS EIDSON, GEORGE T., JR. NAME 110000002024<u>83</u> 255 S. ORANGE AVE., SUITE 1700 STREET ADDRESS 01/28/05-80113-004 526.25 CITY-ST-ZIP CITY-ST-ZIF ORLANDO, FL 32801 DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP 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 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 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.

E OF SIGNING GENERAL PARTNER

CITY-ST-ZIP

SIGNATURE: