

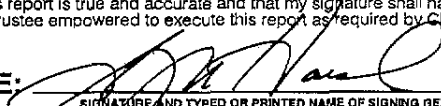


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A31191</b> 1. Entity Name C-CHILDRESS-HARROD, LTD.					
Principal Place of Business 777 S HAROUR ISL BLVD SUITE 877 TAMPA, FL 33602			Mailing Address 777 S HAROUR ISL BLVD SUITE 877 TAMPA, FL 33602		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		04252005    Chg-LP    CR2E003 (10/03)	
Zip		Country		4. FEI Number <b>56-1723449</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  HARROD, GARY W. 777 S HARBOUR ISL BLVD SUITE 877 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record... \$10.00			10. Amount of Capital Contributions in FLORIDA to date...		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	CHILDRESS, J. DONALD		CITY-ST-ZIP		
CITY-ST-ZIP	999 PEACHTREE ST.NE ATLANTA, GA 30309				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	HARROD, GARY W.		CITY-ST-ZIP		
CITY-ST-ZIP	777 S HARBOUR ISLAND TAMPA, FL				
DOCUMENT #	NAME		STREET ADDRESS		
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STREET ADDRESS			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> 			4-28-05    813-229-1500		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date    Daytime Phone #</small>		

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