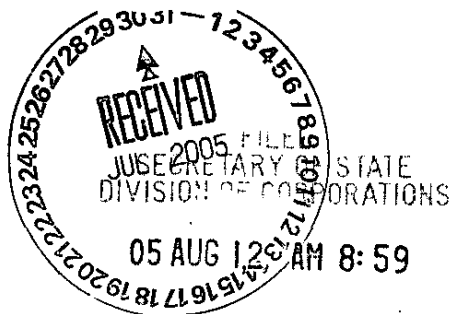


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 7, 2005**



DOCUMENT # A32126		
1. Entity Name ST. PETE MOB LIMITED PARTNERSHIP		
Principal Place of Business 3650 MANSELL ROAD, STE. 425 ALPHARETTA GA 30022		Mailing Address 3650 MANSELL ROAD, STE. 425 ALPHARETTA GA 30022



2. Principal Place of Business		3. Mailing Address		4. FEI Number 58-1890431	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

2nd MOORE CR2E003 (5/05)

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$0.00** 10. Amount of Capital Contributions in FLORIDA to date.

11. FILE NOW!!! Due by September 7, 2005!
See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee. ☒

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 #	P35974	STREET ADDRESS	
NAME	SCOTT & ASSOC., INC.	CITY-ST-ZIP	
STREET ADDRESS	3650 MANSELL ROAD, STE. 425		
CITY-ST-ZIP	ALPHARETTA GA 30022		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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DIVISION OF CORPORATIONS
FILED
STATE OF FLORIDA

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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

SIGNATURE: **8-9-05** **770-998-7000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE