2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED May 11, 2005 08:00 AN Secretary of State

| Principal Place of Business Mail Andrews 1902 M 2870 ST, SUPE 400 PRIMAR CITY, FL 32405 | 1. Entity Nam | MENT # A33380 | NTS, LTD. | | | | S | ecretary of St |
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| Suite, Apt. #, etc. Pules, Apt. #, etc. | 1002 W. 23F | RD ST., SUITE 400 | 1002 W. 23RD ST., S | | | | | |
| Suite, Apt. #, etc. Pules, Apt. #, etc. | O Principal D | Page of Business | 2 Mailing Addrong | | , | | | |
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| S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. December Agent Agent 8. December Agent 9. Capital Contributions 9. December Agent 9. Capital Contributions 9 | · | · | | · · | · | | | |
| PIPPIN, LAURETTA J 1002 W. 23RD ST., SUITE 400 PANAMA CITY, FL 32405 B. The above named entity filtherits this statement for the purpose of changing the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. BIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE A GENERAL PARTISER THAT IS A SUSINESS EXTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY MOT be changed on the form; an emendment must be filled to change a general partner. IC. GENERAL PARTNER NFORMATION SIGNATURE SIGNATURE OCNAMIT NOTE: General Partners MAY MOT be changed on the form; an emendment must be filled to change a general partner. IC. GENERAL PARTNER NFORMATION STRET MORESS TO HOLDINGS, INC. STRET MORESS CITY ST. 29 OSY/ 11//ISS-80024-016 150, 00 ONY ST. 29 OSY/ 11//ISS-80024-016 150, 00 ONY ST. 29 ODDINAMIT STRET MORESS CITY ST. 29 ODDINAMIT MAKE STRET MORESS CITY ST. 29 ODDINAMIT STRET MORESS CITY ST. 29 ODDINAMIT MAKE STRET MORESS CITY ST. 29 ODDINAMIT MAKE STRET MORESS CITY ST. 29 ODDINAMIT STRET MORESS CITY ST. 29 ODDINAMIT MAKE STRET MORESS CITY ST. 29 ODDINAMIT STRET MORESS CITY ST. 29 ODDINAMIT MAKE STRE | Zip | | | Country | | 5. Certificate o | f Status Desired | |
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| City FL Zip Code 6. The above named entity filtherits this atterment for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Capital Contributions as Shown on record. SS90.00 10. Amount of Capital Contributions in FLORIDA to date. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES CHANGES DOBUMENT OF STATE ACCESS OTHY STATE OF STATE ACCESS OTHY STATE ACCESS OTHY STATE OTHERS ACCESS OTHERS ACCE | PIPPIN, LAURETTA J | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
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| ITC HOLDINGS, INC. 1002 W 23RD ST., 8-400 PANAMA CITY, FL DOCUMENT I NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the Information supplied with this filing does incl qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this report is true and accurage and that my signature snall have the same logal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee amprowered to each that my signature snall have the same logal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee amprowered to each that my signature snall have the same logal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee amprowered to each that my signature snall have the same logal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee amprowered to each that my signature snall have the same logal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee amprower to the limited partnership or the receiver or trustee amprover to the limited partnership or the receiver or trustee amprover to the limited partnership or the limited partnership or the limited partnership or the limited partnership or the limited partnership o | | | IER INFORMATION | | re | | ADDRESS CH | ANGES ONLY |
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