2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SECRETARY OF STATE DIVISION OF CORPORATION

1. Entity Name	IT # A33389 RUST CENTER, LT	D			05 MAR	CORPORATIONS 7 AM 10: 58
Principal Place of Business 640 SOUTH WASHINGTON BLVD., #200 SARASOTA, FL 34236			Mailing Address 640 SOUTH WASHINGTON BLVD., #200 SARASOTA, FL 34236			18 8 8 8 1 8 1 7 11 8 18 11 8 18 18 18 18 18 18 18 18 18
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02132005 Chg-LP	CR2E003 (10/03)
City & State		City & State			4. FEI Number 65-0354128	Applied For Not Applicable
Zíp	Country	Zip	Count	ry		\$8.75 Additional Fee Required
6. N	ame and Address of Curr	ent Registered Agent			7. Name and Address of New Regi	
CRISSY, BRUCE 640 S. WASHING SARASOTA, FL	STON BLVD.			Name Street Address	(P.O. Box Number is Not Acceptable)	
				City		FL Zip Code
8. The above named the obligations of re	entity submits this stateme egistered agent.	nt for the purpose of changing	ing its registere	d office or registe	red agent, or both, in the State of Florida	a. I am familiar with, and accept
SIGNATURE	typed or printed name of registered a					DATE
9. Capital Contribution as Shown on record	ns 6240 740 70	10. Amount of 6 in FLORIDA		utions 365,	245	DRIC
··· NO	A GENERAL PARTNE	R THAT IS A BUSINES	S ENTITY MU	UST BE REGIS	TERED AND ACTIVE WITH THIS nt must be filed to change a gene	OFFICE.
12. GENERAL PARTNER INFORMATION			13.		ADDRESS CHANG	
DOCUMENT / V61867			STREET ADDRESS			
SIREET ADDRESS 640 S. WASHINGTON BLVD. CITY-S1-ZIP SARASOTA, FL 34236		спу		ST-ZIP		
DOCUMENT / NAME	·		STREE	ET ADDRESS		
STREET ADDRESS CITY-SI-2P			CITY-	ST-ZIP		
DOCUMENT # A A A A A A A A A A A A A A A A A A			STREE	T ADDRESS	-	•
STREET ADDRESS CITY-ST-ZIP		-	CITY-	ST-ZIP		
DOÇUMENT / NAME	<u> </u>		STREE	T ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP	03/24/0501013	001 ***526.25
DOCUMENT /	-		STREE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-:	ST-ZIP		
DOCUMENT /			\$TREE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZiP	***	
Indicated on this r	eport is true and accurate	with this filing does not qual and that my signature shall e this report as required by	have the same	legal effect as if r	ection 119.07(3)(i), Florida Statutes. I fur made under oath; that I am a General Pa	ther certify that the information artner of the limited partnership $941/957-3760$

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING GENERAL PARTNER

Object

Object