2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

STAPLE CHECK

SIGNATURE:

FILED Mar 18, 2005 08:00 AM DOCUMENT # A9200000139 Secretary of State 1. Entity Name ELLSBERRY COURT, LTD. Principal Place of Business Mailing Address 1215 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441 1215 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) City & State City & State 4. FEI Number Applied For 65-0372924 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCSWEENEY, ROBERT F 1233 EAST HILLSBORO BLVD. Street Address (P.O. Box Number is Not Acceptable) DEERFIELD BEACH FL 33441 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. 11. FILE NOW!!! Due by May 1, 2005. Signature, typed or printed name of registered agent and title if applicable -See Block 11 instructions for fee info. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$267,800.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # V57663 STREET ADDRESS NAME MCSWEENEY AND LAMPE, INC. STREET ADDRESS 1233 EAST HILLSBORO BLVD. CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 U00000267491 DOCUMENT # STREET ADDRESS 03/18/05-80002-007 526.25 NAME STREET ADDRESS CITY-ST-7P 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 &T - 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 14. I hereby certify that the information supplied with this filling 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

SIGNING GENERAL PARTNER

Daytime Phone #