2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE AND TYPED OR PRINTED NAME, OF SIGNING GENERAL PARTNER

" FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A93000000496** OSCÉOLA-192 INVESTORS, LTD. 05 JAN 20 AM 8: 34 Principal Place of Business Mailing Address 204 E. 17TH ST., STE. 202 204 E. 17TH ST., STE. 202 COSTA MESA, CA 92627 COSTA MESA, CA 92627 2. Principal Place of Business 3. Mailing Address 10933 84th Place NE Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 CR2E003 (10/03) Chg-LP Applied For 4. FEI Number City & State City & State Kirkland, Washington 59-3182709 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 98034 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAW OFFICES DECUBELLIS & MEEKS P.A. Street Address (P.O. Box Number is Not Acceptable) 837 NORTH GARLAND AVENUE ORLANDO, FL 32801 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$450,000.00 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY M99000000741 DOCUMENT # STREET ADDRESS 10933 84th Place NE RSJ HOLDINGS, LLC NAME STREET ADDRESS 742 1ST STREET SOUTH CITY-ST-ZIP Kirkland, WA 98034 CITY-ST-ZIP KIRKLAND, WA 98033 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZUP DOCUMENT # STREET ADDRESS NAME 600045619286 01/31/05--01005--024 ***53 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 Surper Steven L. Gumpert 1/14/05 (949) 764-2669