2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE AND TYPED OR PRENTED NAME OF SIGNING GENERAL FARTNER

SIGNATURE:

## Feb 22, 2005 08:00 AM DOCUMENT # A93000000767 Secretary of State 1. Entity Name OVERSEAS PARTNERSHIP MAWI, LTD. Principal Place of Business Mailing Address 786 SOUTH ORANGE AVENUE 786 SOUTH ORANGE AVENUE SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 01282005 Chg-LP CR2E003 (10/03) Applied For City & State City & State 4. FEI Number 65-0424677 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHOAF, MARGARET Street Address (P.O. Box Number is Not Acceptable) 2100 S. TAMIAMI TRAIL, STE. 200 SARASOTA, FL 34239 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, typed or printed name of registered agent and title if applicable. DATE 10. Amount of Capital Contributions 9. Capital Contributions \$95,000.00 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 J41038 DOCUMENT # STREET ADDRESS OVERSEAS DEVELOPMENT CORP. OF SARASOTA, INC NAME STREET ADDRESS 786 SOUTH ORANGE AVENUE CITY-ST-ZIP CITY - ST - ZIP SARASOTA, FL 34236 DOCUMENT # STREET ADDRESS UDDHOD239276 NAME *02722705-80037-003 526.2*5 STREET ADDRESS COY-ST-782 CITY, ST. 7/P DOCUMENT # STREET ANDRESS NAME STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHTY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CBY-ST-7IP 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

FILED

02-14-05

941-951-6222