2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE:

FILED

	1. Entity Name PORTA H Principal Place 13925 58TH CLEARWATER	OLDINGS, LTD. e of Business STREET N.	Mailing Address 13925 58TH STRE CLEARWATER, FL ;				051	MAR 23	Y OF STATE ORPORATIONS AM 10: 45
	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		02172005	Chg-LP	CR2E003	(10/03)
	City & State		City & State	·		4. FEI Number 59-319543	36		Applied For Not Applicable
	Zìp	Country USA	Zip	Cour	usa Usa	5. Certificate of S	tatus Desired		3.75 Additional e Required
-	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
	WOHLWEND, BETH 13925 58TH STREET N. CLEARWATER, FL 33760				Fred Lueck Street Address (P.O. Box Number is Not Acceptable)				
					13925 58th Street N.				
					City Clearwater FL Zip Code 33760				
Î	8. The above named entity submits this statement for the purpose of changing its registe the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little 4 applicable.				ed office or registe	ered agent, or both, in	the State of Flo		niliar with, and accept
	9. Capital Contributions as Shown on record. \$12,301,800.00 In FLORIDA to date.			butions					
		A GENERAL PARTNER THAT IS A BUSINESS ENTITY NOTE: General Partners MAY NOT be changed on the form							er.
	12.	GENERAL PARTNER INFORMATION			3. ADDRESS CHANGES ONLY				
	DOCUMENT # NAME STREET ADORESS	P93000056239 PORTA HOLDINGS II, INC. 17755 U.S. 19 NORTH, SUIT	E 150	STI					***************************************
ŀ	CITY - ST - ZIP DOCUMENT /	CLEARWATER, FL 34624			(-ST-ZIP				·
	NAME STREET ADDRESS				EET ADDRESS	<u></u> -	romania.	四三 1 5	73
_[CITY-ST-ZIP			ĆITY	r-ST-ZIP	03/30/	050100	5004	**535.00
	DOCUMENT # NAME			STR	EET ADDRESS	***************************************			
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	DOCUMENT / NAME			STR	EET ADORESS				
EE	STREET ADDRESS CITY-ST-ZIP			CITY	7-S1-ZIP				
CHECK HERE	NAME			STR	EET ADDRESS			~~~	
	STREET ADDRESS		***************************************	CITY	r-ST-ZIP				
STAPLE	NAME STREET ADDRESS			STR	EET AODRESS				
	CITY-ST-ZIP				r-ST-ZIP				<u></u>
	14. I hereby of indicated the receiv	certify that the information supplied on this report is true and accurate er or trustee empowered to execu	with this filing does not quali and that my signature shall he te this report as required by C	ify for the exe have the sam Chapter 620,	emption stated in S ie legal effect as if Florida Statutes	ection 119.07(3)(i), Fi made under oath; tha	lorida Statutes. I at I am a Genera	further certify I Partner of th	that the information e limited partnership or