2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

## FILED Feb 08, 2005 08:00 AM Secretary of State

DOCUMENT # A9300000921 1. Entity Name LANTANA ONE LTD.								ry of Sta
Principal Place of Business Mailing Address 3150 N. PACE-BLVD. 3150 N. PACE-BLVD. PENSACOLA, FL 32505 PENSACOLA, FL 325								
2. Principal P	ace of Business_	3. Mailing Address	<u> </u>	<u>-</u>				
Suite, Apt. #, etc. Suite, Apt. #		Suite, Apt. #, etc.	-		01182005	Chg-LP	2011	3 (10/03)
City & State		City & State	┪-		4. FEI Numbe 59-319			Applied For Not Applicable
Zip	Country	Zip	<del>-                                     </del>	Country		of Status Desired		8.75 Additional se Required
	6. Name and Address of Curre	nt Registered Agent	<del></del>		7. Name and	Address of New		•
KLOSS, WILLIAM M				Name	me			
3150 N. PACE-BLVD. PENSACOLA, FL 32505				Street Address	Street Address (P.O. Box Number is Not Acceptable)			
								L Transfer
				City			FL_	Zip Code
the obligat	named entity submits this statement ions of registered agent.	t tor the purpose of changin	g its reg	pistered office of regist	tered agent, or bot	n, in the State of P	iorica, iamiai	miliar with, and accep
SIGNATURE .	Signature, typed or printed name of registered ag						DATE	
9. Capital Co as Shown	on record. \$3,000.00	10. Amount of C in FLORIDA	to date.		CYPTIED AND A	OTIVE METH T	HE OFFICE	
	NOTE: General Partners I		n the	torm; an amendm	ent must be file	d to change a	general parti	ier.
12.	GENERAL PARTI P93000057147	IER INFORMATION		13.		ADDRESS CH	HANGES ONLY	<u> </u>
NAME	DISCOUNT CIGARETTES INC.			STREET ADDRESS			<u></u>	<del> </del>
STREET ADDRESS City-St-Zip	3150 N. PACE-BLVD. PENSACOLA, FL. 32505			CITY-ST-ZIP				
DOCUMENT #				STREET ADDRESS				
STREET ADDRESS CITY - ST-ZIP				CITY - ST - ZIP		Hoon	00220138	)
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STREET ADORESS CITY-ST-ZIP				CITY ST ZIP				
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STREET ADDRESS City-St-Zip			-	CITY-SY-ZIP				
DOCUMENT #	<del></del>		1	STREET ADDRESS			·	······································
STREET ADDRESS CITY - ST - ZIP				CHY-ST-ZIP	·		<del></del>	
DOCUMENT #		,	; ;	STREET ADDRESS				
STREET ADDRESS CITY+ST-ZIP				CITY-ST-ZIP				
14. I hereby of indicated the received by SCA	pertity that the information supplied on this report is true and accurate a rer trustee empowered to execute the control of th	with this filling does not qualifund that my signature shall he this report as required by the control of the c	y for the ave the hapter					y that the information ne limited partnership
SIGNAT	URE: 1/2 141	Ikhn 1'3	·	William F	ter 1	18-700		