


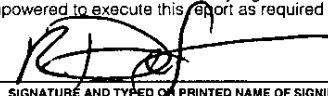
2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR -8 PM 2: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A93000001134 1. Entity Name GOODBY'S EXECUTIVE PROPERTIES, LTD.					
Principal Place of Business 8810 GOODBY'S EXECUTIVE DRIVE, SUITE A JACKSONVILLE, FL 32217			Mailing Address 8810 GOODBY'S EXECUTIVE DRIVE, SUITE A JACKSONVILLE, FL 32217		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3212377	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JOHNSON, KEITH H				Name	
8810 GOODBY'S EXECUTIVE DRIVE, SUITE A				Street Address (P.O. Box Number is Not Acceptable)	
JACKSONVILLE, FL 32217				City	
				FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record.		10. Amount of Capital Contributions in FLORIDA to date.		DATE	
\$10,000.00					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L93000000235		STREET ADDRESS		
NAME	GOODBY'S EXECUTIVE PROPERTIES, L.C.		CITY-ST-ZIP		
STREET ADDRESS	8810 GOODBY'S EXECUTIVE DRIVE, SUITE A		900054041259 05/09/05--01018--019 **158.75		
CITY-ST-ZIP	JACKSONVILLE, FL 32217		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
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					
SIGNATURE: 			Date 4-5-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		

STAPLE CHECK HERE