2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

## FILED Mar 23, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # A9300000 GROUP, LTD.	:		Secretary of Star				
5505 N. ATL	ANTIC AVENUE, SUITE 115 CH, FL 32931	Mailing Address 5505 N. ATLANTIC AV COCOA BEACH, FL 32		IITE 115				
Principal Place of Business     3. Mailing Address				<del></del>				
Suite, Apt.	#, etc.	Suite, Apt. #. etc.			01212005	Chg-LP	CR2E003 (1	10/03)
City & State		City & State		<del></del>	4. FEI Number 59-32133	96		Applied For Not Applicable
Žip Country		Zip	Count	try	5. Certificate of	<del>-</del> "		75 Additional Required
	6. Name and Address of Curre		7. Name and Address of New Registered Agent Name					
MCPHILLIPS, JACQUELINE 5505 N. ATLANTIC AVENUE, SUITE 115 COCOA BEACH, FL 32931					P.O. Box Number :	s Not Acceptable	e)	
			ļ	City	· · · · · · · · · · · · · · · · · · ·		FL Z	ip Code
	named entity submits this statement tions of registered agent.	for the purpose of changing it	ls registere	ad office or register	red agent, or both,	in the State of Fic	orida. I am familia	ar with, and accept
SIGNATURE			-					
	Signature, typed or printed name of registered age	ant and title if applicable.					DATE	
9. Capital Co as Shown	on record. \$10,023,100.00	in FLORIDA to		(0,0	५४, १८०. टर्	, 		
	A GENERAL PARTNER NOTE: General Partners N	THAT IS A BUSINESS E IAY NOT be changed on						•
12. GENERAL PARTNER INFORMATION DOCUMENT / P93000085632				<del></del>	ADDRESS CHANGES ONLY			
NAME STREET ADDRESS CITY - ST - ZIP	GROUP EDISTO, INC. 5505 N. ATLANTIC AVENUE, SUITE 115 COCOA BEACH, FL 32931			ET ADDRESS			<del></del>	
DOCUMENT #	N00000001462 CHASTAIN DEVELOPMENT CORP.			ET ADDRESS	<del></del>			<del>,</del>
NAME STREET ADDRESS CITY-ST-ZIP				-ST-ZIP				
DOCUMENT # NAME			STREE	ET ADDRESS		·· •		
STREET ADDRESS CITY-ST-ZIP			спү-	-ST-ZIP		0000 03/23/0	00273984 5-80052-0	06 535.00
DOCUMENT # NAME			STREE	ET ADDRESS				
STREET ADDRESS City-St-Zip	t		CITY-	-ST-ZIP				
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STREET ADDRESS CITY-ST-ZIP			CITY-	ST- ZIP	<del></del>			
NAME STREET ADDRESS CITY-ST: ZIP	certify that the information supplied wood on this report is true and accurate an ever or trustee empowered to execute	ith this filling does not qualify fi d that my signature shall have this report as required by Cha	CITY-	ST- ZIP	ction 119.07(3)(i), F nade under oath; th	Florida Statutes. I at I am a Genera		at the information nited partnership