2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

FILED **DOCUMENT # A94000000403** 2005 MAY -3 PM 4: 02 1. Entity Name MANDARIN/LORETTO DEVELOPMENT, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 11701-46 SAN JOSE BLVD 11701-46 SAN JOSE BLVD JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222005 CR2E003 (10/03) Chg-LP Applied For City & State City & State 4. FEI Number 83-0345835 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DARABI, FARZIN Street Address (P.O. Box Number is Not Acceptable) 11701-46 SAN JOSE BLVD JACKSONVILLE, FL 32223 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 Signature, typed or printed name of registered agent and little if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$9.800.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. L02000031740 DOCUMENT # STREET ADDRESS D2K, L.L.C. NAME 11701-46 SAN JOSE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-79P JACKSONVILLE, FL 32223 <u> 700055379917</u> 05/26/05--01069--002 **157.35 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-782 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME * STREET ADDRESS CITY-ST-ZIP CITY - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes