


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # A94000000909</b> 1. Entity Name <b>LIGHTNING PROPERTIES, LTD.</b>	
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Principal Place of Business <b>401 CHANNELSIDE DRIVE TAMPA FL 33602</b>	Mailing Address <b>401 CHANNELSIDE DRIVE TAMPA FL 33602</b>
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
  
05 JUN -3 AM 9:15



1ST MOORE CR2E003 (10/04)

<b>6. Name and Address of Current Registered Agent</b>  <b>DAVIS, PAUL C 401 CHANNELSIDE DRIVE TAMPA FL 33602</b>	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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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.		<b>11. FILE NOW!!! Due by May 1, 2005.</b> See Block 11 instructions for fee info.
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
9. Capital Contributions as Shown on record. <b>\$990,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$ 990,000.00</b>	

**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 # <b>M99000000622</b> NAME <b>GLASS PALACE, LLC</b> STREET ADDRESS <b>2 CHAMPIONSHIP DRIVE</b> CITY-ST-ZIP <b>AUBURN HILLS MI 48326</b>	STREET ADDRESS _____ CITY-ST-ZIP _____
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS _____ CITY-ST-ZIP _____
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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:** *Glass Palace, LLC*  
 By: *Ronald J. Campbell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_