2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

DOCUMENT # A94000001140 Apr 30, 2005 08:00 AM **Secretary of State** BECKS MOBILE HOME PARK LIMITED PARTNERSHIP Principal Place of Business 🖶 Mailing Address P.O. DRAWER 2140 P.O. DRAWER 2140 DAYTONA BEACH, FL 32215 DAYTONA BEACH, FL 32215 2. Principal Place of Business Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 04192005 Chg-LP CR2E003 (10/03) Applied For 4. FEI Number City & State City & State 59-3266474 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BECKS, BERRIEN HJR. Street Address (P.O. Box Number is Not Acceptable) 125 NORTH RIDGEWOOD AVENUE DAYTONA BEACH, FL 32115 Zip Code City 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. ${\sf SIGNATURE} \;\; \frac{-}{{\sf Signature, typed or printed name of registered agent and title if applicable}}$ 9. Capital Contributions 10. Amount of Capital Contributions \$10,500,000.00 in FLORIDA to date. as Shown on record. 4,704,272. 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. P94000050466 DOCUMENT # STREET ADDRESS NAME BECKS MOBILE HOME PARK, INC. STREET ADDRESS 125 NORTH RIDGEWOOD AVENUE CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH, FL 32115 DOCUMENT # STREET ADDRESS NAME V00000346118 STREET ADDRESS CITY-ST-ZIP 04/30/05-80063-011 526.25 CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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:

A. h

Berrien H Becks Jr.

4-21-05

(386) 252 2000

FILED