2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED Apr 27, 2005 08:00 AM Secretary of State

Zip Country Zip Country 5.9-3264140 Not Apr St. Cetificate of Status Desired \$3.75 Acdition 6. Name and Address of Oursent Registered Agent Name and Address of New Registered Agent DELAHUNTY, TERENCE J JR. COLF OLLEY & LARDNER Second Address (P.O. Box Humber is Not Acceptable) City FL Zip Code 6. 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 femiliar with, and the obligations of registered agent prime acre of registered agent, or both, in the State of Florida. I am femiliar with, and the obligations of registered agent prime acre of registered agent, or both, in the State of Florida. I am femiliar with, and the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and the obligations of registered agent, or both, in the State of Florida	1 Entity Name	MENT # A9400000 AZA ASSOCIATES, LTD.			Secretary of State				
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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name	City & State City & State			***				Applied For Not Applicable	
DELAHUNTY, TERENCE J JR. C/O FOLEY & LARDNER 111 N. ORANGE AVE., SUITE 1800 ORLANDO, FL 32801 City FL ZP Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent and the varpholation of record and remains of registered agent and the varpholations in FLOHIDA to date. 9. Capital Contributions \$510,000,00 18. Amount of Capital Contributions in FLOHIDA to date. A GENERAL PARTMER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partmer MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTMER INFORMATION 13. ADDRESS CHANGES ONLY DICTIVISITY ONLY OF THE CONTRIBUTION	Zip	Cauntry	Zip	Cour	ntry .	5. Certificate of Stat	lus Desired		
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	NAME			SP	REET ADDRESS				
STRET ADDRESS GIY-ST-ZIP 14. Thereby 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 partner.	CHY-ST-ZP								

Sarah D Vandagriff 4/15/2005 386/6729080
INTED VAME OF SIGNING GENERAL PARTNER

Sarah D Vandagriff 4/15/2005 386/6729080