2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005 rilleu SEURLIARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A94000001639 1. Entity Name
DYE FAMILY, LTD. 05 MAY -9 AM 8:58 Mailing Address Principal Place of Business 331 TRISMEN TERRACE 331 TRISMEN TERRACE WINTER PARK, FL 32789 WINTER PARK, FL 32789 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04122005 Chg-LP CR2E003 (10/03) Applied For City & State City & State 4. FEI Number 59-3283329 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DYE, ROY T Street Address (P.O. Box Number is Not Acceptable) 331 TRISMEN TERRACE WINTER PARK, FL 32789 Zip Code FI 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 title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$8,240,535.00 as Shown on record. in FLORIDA to date. 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 13. 12. DOCUMENT # STREET ADDRESS DYE, ROY T TRUSTEE NAME STREET ADORESS 331 TRISMEN TERRACE CITY-ST-ZIP CITY-ST-ZIP WINTER PARK, FL 32789 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 900055985879 DOCUMENT A STREET ADDRESS 06/09/05--01074--018 **97.50 NAME STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP DOCUMENT # 9000559858**7**9 STREET ADDRESS NAME STŘEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOQUMENT # STREET ADDRESS

14. In reby 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

CITY-ST-ZIP

STREET ADDRESS

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SIGNATURE: Skylfture and types on posted name of signing general Partour

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NAME STREET ANDRESS