
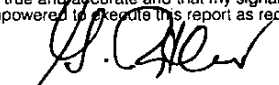


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 JUN 20 AM 9:31

DOCUMENT # A94000001855			
1. Entity Name RYTHER PROPERTIES, LTD.			
Principal Place of Business 5809 NICHOLSON LANE, SUITE 804 ROCKVILLE, MD 20852		Mailing Address 5809 NICHOLSON LANE, SUITE 804 ROCKVILLE, MD 20852	
2. Principal Place of Business 718 Heatherwood PL Salisbury NC		3. Mailing Address 718 Heatherwood PL Salisbury NC	
Suite, Apt. #, etc. Salisbury NC		Suite, Apt. #, etc. Salisbury NC	
City & State		City & State	
Zip 28144		Country USA	
Zip 28144		Country USA	
6. Name and Address of Current Registered Agent DARNELL, ROBERT W 1826 RINGLAND BLVD. SARASOTA, FL 34236		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$645,820.00		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	RYTHER, PHILIP I	STREET ADDRESS	
NAME	5809 NICHOLSON LANE, SUITE 804	CITY-ST-ZIP	
STREET ADDRESS	ROCKVILLE, MD 20852		
CITY-ST-ZIP			
DOCUMENT #	RYTHER, GARY R	STREET ADDRESS	
NAME	718 HEATHERWOOD PL.	CITY-ST-ZIP	
STREET ADDRESS	SALISBURY, NC 28144		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	100056615991
NAME		CITY-ST-ZIP	06/28/05--01038--017 **526.25
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.			
SIGNATURE: 		Date: 4/7/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #: 336-659-1955 X 2451	

STAPLE CHECK HERE