2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

| Due by May 1, 2005 | | | | | | | | |
|---|---|--|----------------|--|---|--|-------------------------------------|---|
| DOCUMENT # A9500000076 1. Entity Name THE CTW FAMILY LIMITED PARTNERSHIP | | | | | SECR DIVISION | FILED ETARY OF S LOF CORPO | STATE PRATIONS | 3 |
| | | | \ | | 05 MA | R 30 AM | 9: 48 | |
| 703 HAMPTON WOODS LANE SW 7 | | Mailing Address 703 HAMPTON WOODS LANE SW VERO BEACH, FL 32962 | | | I BIHI 1811 BANI BANI | a 1 461 a 1 441 a 1 411 i | 15(1) (28) 6 0 (60) 10 1001 | |
| Principal Place of Business 3. Mailing Address | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 4/1111111111 | | | |
| 1150 Reef Road, 1 | | 1150 Reef Road | 1150 Reef Road | | \$ 1.1801811.1918.1818 | | CEIN PENI ESM (| |
| Suite, Apt. #, etc. Suite, Apt. A-10 A-10 | | Suite, Apt. #, etc. | , #, etc. | | 02272005 | Chg-LP | CR2E003 | 3 (10/03) |
| City & State City & State | | | | | 4. FEI Number | | | Applied For |
| Vero Beach, Florida | | Vero Beach, Florida | | | 65-05374 | 69 | | Not Applicable |
| a Zig c a | Country | Zip Countr | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 5. Certificate of Status Desired | | | B.75 Additional |
| 32963 | USA | 32963 | USĄ | | i i | | | e Required |
| | 6. Name and Address of Current I | registerea Agent | N | lame | 7. Name and Ad | aress of New Me | gistereo Ag | ent |
| KLOSHEIM, J. HAROLD 1300 N. FEDERAL HIGHWAY BOCA RATON, FL 33432 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | C | 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 Signature, typed or printed name of registered agent and title if applicable. DATE | | | | | | | | |
| 9. Capital Contributions as Shown on record. \$1,559,423.19 10. Amount of Capital Contributions in FLORIDA to date. \$1,559,423.19 | | | | | | | | |
| 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 # | | | | nnerc | | | | |
| NAME | WATSON, CHARLES T | | STREET AC | | 150 Reef Road, A-10 | | | |
| STREET ADDRESS CITY-ST-ZIP | 703 HAMPTON WOODS LANE SW VERO BEACH, FL 32962 | | CITY+ST+ | ^{ŽIP} Vei | Vero Beach, Florida 32963 | | | |
| DOCUMENT # NAME | WATSON, PHYLLIS M | | STREET AD | DDRESS 115 | 150 Reef Road, A-10 | | | |
| STREET ADDRESS CITY-ST-ZIP | 703 HAMPTON WOODS LANE SW VERO BEACH, FL 32962 | | CITY+ST+ | ^{ZIP} Ver | Vero Beach, Florida 32963 | | | |
| DOCUMENT # NAME | | | Street Al | DORESS | | | | ······································ |
| STREET ADDRESS CITY-ST-ZIP | *************************************** | | спү- st-: | ZIP | 200 94/95/9 | 10500: 501056- | 353E | ; <u>2</u> ; <u>526,25</u> |
| DOCUMENT # NAME | | | STREET AL | DORESS | ********** | ****** | | **** |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST- | ZIP | *************************************** | | | |
| DOCUMENT # NAME | • | | STREET AL | DDRESS | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | *************************************** |
| STREET ADDRESS CITY-ST-ZIP | è | , . | CITY-ST- | ZIP | | *********** | | |
| DOCUMENT # NAME | | | street ac | ODRESS | | | | ********************** |
| STREET ADDRESS CITY-ST-ZIP | | ······································ | 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: Charles T. Watson 3/2/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Charles T. Watson 3/2/01

Dayline Phone #