2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED
Mar 14, 2005 08:00 AM
Secretary of State

1. Entity Name	MENT # A95000				Secretary of State	
Principal Place 1551 SANDSE MAITLAND, FL	PUR ROAD	Mailing Address P.O. BOX 4961 ORLANDO, FL 328	302-4961			
2. Principal Pla	ace of Business	3. Mailing Address		<u> </u>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02172005 Chg-LP CR	2E003 (10/03)
City & State		City & State	City & State		4. FEI Number 59-3308343	Applied For Not Applicab
Zip	Country	Zip	Countr	У	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Cu	rrent Registered Agent		Name	7. Name and Address of New Register	ed Agent
B&C CORPORATE SERVICES OF CENTRAL FLA, INC						
390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801				Street Address (P.O. Box Number is Not Acceptable)	
				City		Zip Code
8. The above in the obligation	named entity submits this statem ons of registered agent.	ent for the purpose of changing	g its registered	d office or register	red agent, or both, in the State of Florida. I	am familiar with, and accep
SIGNATURE -				<u> </u>	A age of the man was as a second	
9. Capital Con as Shown o		1 -0 4	apital Contributo date.	itions	DA'	TE
					FERED AND ACTIVE WITH THIS OFF at must be filed to change a general	
12.		TINER INFORMATION	13.	an amendanes	ADDRESS CHANGES	
	UMENT # A97000002481			ADDRESS		
T I	1551 SANDSPUR ROAD MAITLAND, FL 32751		CITY-S	T-ZIP		1 + 7-4*
DOCUMENT# NAME		***	STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP	Ţ.		CITY-S	T-ZIP	1900002628 13214785-808	320 30-020 526 25
DOCUMENT # NAME			STREET	ADDRESS		
STREET ADDRESS CITY+ST-ZIP			CITY-S	T-ZIP		
DOCUMENT # NAME			STREET	ADDRESS		A A A ANDREA
STREET ADDRESS CITY-ST-ZIP			CITY-5	T-ZIP		
DOCUMENT # NAME			STREET	ADDRESS		خدر فيشي
STREET ADDRESS CITY-SI-ZIP			city-s	T-ZIP		
NAME			STREET	ADDRESS		<u></u>
STREET ADDRESS CITY - ST - ZIP			City-s			<u> </u>
14. Thereby can indicated of the receive Sy: 6	erray that the information supplies in this report is true and accurate or or trustee empowered to execu- AFO CAPITAL BOLL WE CED CAPITAL HOLD IRE:	a with this filing does not by all fe e and that my signature shall he te this report as required by C	ly for the exemplave the same lands of the same	ption stated in Se egal effect as if morida Statutes partitudes	ction 119.07(3)(i), Florida Statutes. I further nade under oath; that I am a General Partne	certify that the information or of the limited partnership

SIGNATURE AND TYPED OFF RINTED NAME OF SIGNING GENERAL PARTNER

TRICEA DODON, VILL PICS.