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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A95000000555** 05 MAR 21 AM 10: 43 MYSTIC POINTE II LTD. Principal Place of Business Mailing Address -20721 S.W. 48TH AVENUE 20721 S.W. 48TH AVENUE NEWBERRY, FL 32669 NEWBERRY, FL 32669 2. Principal Place of Business 3. Mailing Address 20725 SW 4 20725 S Suite, Apt. #, etc. Suite, Apt. #, etc. 01112005 CR2E003 (10/03) Chg-LP 4. FEI Number Applied For 59-3413037 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAVIS, NORITA V Street Ad-20721 S.W. 46TH AVENUE NEWBERRY, FL 32669 City 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 na 9. Capital Contributions 10. Amount of Capital Contributions \$7,057,537.00 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. A95000000823 DOCUMENT # STREET ADDRESS DAVIS HERTIAGE, LTD. STREET ADDRESS 20725 S.W. 46TH AVENUE CITY-ST-7IP 800049241408 CITY-ST-ZIP NEWBERRY, FL 32669 Ŭ3/28/05--01009--025 **526.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP - CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 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:

AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE