2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

May 16, 2005 08:00 AM Secretary of State DOCUMENT # A95000001017 DYNAMIC VALUE PARTNERS, LTD. Principal Place of Business Mailing Address **457 MOORING LINE DRIVE 457 MOORING LINE DRIVE** NAPLES, FL 34102 NAPLES, FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05032005 CR2E003 (10/03) Applied For City & State City & State 4. FEI Number 65-0591570 Not Applicable Country Zin Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MACAULAY, ROBERT B Street Address (P.O. Box Number is Not Acceptable) 1402 MIAMI CENTER 201 SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131 City Zip Code 3. 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, typical or printed name of registered agent and title II applicable 9. Capital Contributions 10. Amount of Capital Contributions \$10,250,000.00 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 ADDRÉSS CHANGES ONLY 12. 13. DOCUMENT # STREET ADDRESS MCKEE, RICHARD G JR **457 MOORINGLINE DRIVE** STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NAPLES, FL 34102 Un0000366865 05/16/05-80009-023 526.25 P95000051780 DOCUMENT# STREET AGGRESS DYNAMIC INVESTMENT GROUP, INC. NAME STREET ADDRESS **457 MOORINGLINE DRIVE** CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34102 DEICHMENT # STREET ADDRESS STREET ADDRESS DITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS 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

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTMET

65 239 403 79.
Date Dayting Phone #

FILED