2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED Apr 30, 2005 08:00 AM Secretary of State

City & State City & State 4. FEI Number 59-3342578 Zip Country Zip Country 5 Certificate of Status Desired	ry of State
TAMPA, FL 33634 TAMPA, FL 33684-5216 2. Principal Place of Bushess 3. Mailing Address Suite, Apt. #, etc. 03152005 Chg-LP CR2E0 Crty & State Crty & State Suite, Apt. #, etc. 03152005 Chg-LP CR2E0 Crty & State Crty & State Suite, Apt. #, etc. 03152005 Chg-LP CR2E0 Crty & State Crty & State Suite, Apt. #, etc. 03152005 Chg-LP CR2E0 Crty & State Suite, Apt. #, etc. 03152005 Chg-LP CR2E0 Crty & State Suite, Apt. #, etc. 03152005 Chg-LP CR2E0 Crty & State Suite, Apt. #, etc. 03152005 Chg-LP CR2E0 Crty & State Suite, Apt. #, etc. 03152005 Chg-LP CR2E0 Crty & State Suite, Apt. #, etc. 03152005 Chg-LP CR2E0 Crty & State Suite, Apt. #, etc. 03152005 Chg-LP CR2E0 Crty & State Suite, Apt. #, etc. 03152005 Chg-LP CR2E0 Crty & State Suite, Apt. #, etc. 03152005 Chg-LP CR2E0 Crty & State Suite, Apt. #, etc. 03152005 Chg-LP CR2E0 The Apt. Rule Suite, Apt. #, etc. 03152005 Chg-LP CR2E0 Crty & State Suite, Apt. #, etc. 03152005 Chg-LP CR2E0 The Apt. Rule Suite, Apt. #, etc. 03152005 Chg-LP CR2E0 Crty & State Suite, Apt. #, etc. 03152005 Chg-LP CR2E0 The Apt. Rule Suite, Apt. #, etc. 03152005 Chg-LP CR2E0 Crty & State Suite, Apt. #, etc. 03152005 Chg-LP CR2E0 The Apt. Rule Suite, Apt. #, etc. 03152005 Chg-LP CR2E0 Crty & State Suite, Apt. #, etc. 03152005 Chg-LP CR2E0 Crty & State Suite, Apt. #, etc. 03152005 Chg-LP CR2E0 Crty & State Suite, Apt. #, etc. 03152005 Chg-LP CR2E0 Crty & State Suite, Apt. #, etc. 03152005 Chg-LP Crtification Crtification Chg-LP Crtification Chg-L	
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Suite, Apt. #, etc. City & State City & State Country 59-3342578 Zip Country 5, Certificate of Status Desired A Centrology Submits in Statement for the purpose of changing its registered Agent. HYMAN, DAVID 5300 WEST KNOX STREET TAMPA, FL 33634 City FL 6. 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 and the obligations of registered agent. SIGNATURE 9. Capital Contributions as Shown on record. 9. Capital Contributions as Shown on record. 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 filled to change a general part 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONL BYMAN, DAVID STREET ADDRESS CITY-SI-2P UG000034553 UTY-SI-2P UG000034553 STREET ADDRESS STREET ADD	NIO 81701 INISE 1701011 NI 1891
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DDCUMENT / NAME NEWELL, AMY MARIE E SIREET ADDRESS 1601 EDGEWATER CT CITY-ST-ZIP FRANKLIN, TN 37069 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further cert indicated on this report is true and appurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the receiver or trustee employeered to execute interpret as required by Chapter 620, Florida Statutes	