2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

SIGNATURE:

Jan 25, 2005 08:00 AM DOCUMENT # A95000001945 **Secretary of State** 1. Entity Name BARTLEY INVESTMENTS, LTD. Principal Place of Business Mailing Address 3112 SOUTH JULIA CIRCLE TAMPA FL 33629-8814 3112 SOUTH JULIA CIRCLE TAMPA FL 33629-8814 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) Applied For City & State City & State 4. FEI Number 59-3363349 Not Applicab! Zip Country Country \$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 BARTLEY, NEIL L Street Address (P.O. Box Number is Not Acceptable) 3112 SOÚTH JULIA CIRCLE TAMPA FL 33629-8814 Zip Code FI t for the purpose of changing its registered office or registered agent, or both, cappy the obligations of registered agent. ve named 11, FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info. DATE 10. Amount of Capital Contributions 9. Capital Contributions \$5,000,000.00 as Shown on fecord. 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 ADDRESS CHANGES ONLY 12, DOCUMENT # STREET ADDRESS NAME BARTLEY, NEIL L STREET ADDRESS 3112 SOUTH JULIA CIRCLE CHY-ST-ZIP 1,000000196540 CITY-ST-ZIP TAMPA FL 33629-8814 01/26/85 80072 024 526.25 DOCUMENT # STREET ADDRESS NAME STREET AODRESS CITY-ST-7P City ST-ZIP DOCUMENT # STREET ADDRESS NAME CIRECT ADDRESS CHY-ST-ZIP CHY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP DOCHMENT # STREET ADDRESS NAME . STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP STAPLE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-74P CITY-ST YIP 14. Thereby certify that the information supplied with this filling 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 partners in the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

GENERAL PARTNER

FILED