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

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A95000002024 PRICE INVESTMENTS LIMITED PARTNERSHIP 05 MAR 31 AM 8: 16 Principal Place of Business Mailing Address 8430 ABBINGTON CIRCLE, UNIT C22 NAPLES FL 34108 8430 ABBINGTON CIRCLE, UNIT C22 NAPLES FL 34108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **1ST MOORE** CR2E003 (10/04) City & State City & State 4. FEI Number Applied For 36-4015094 Not Applicable Zip Country Zip Country _ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRICE, HOMER Street Address (P.O. Box Number is Not Acceptable) 8430 ABBINGTON CIRCLE, UNIT C22 NAPLES FL 33963 City Zip Code 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. 11. FILE NOW!!! Due by May 1, 2005. Signature, typed or printed name of registered agent and title if applicable See Block 11 instructions for fee info 9. Capital Contributions 10. Amount of Capital Contributions \$363,600,00 *2*44544 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS PRICE, HOMER L TRUSTEE NAME 000050094100 04/07/05--01012--014 **\$2 STREET ADDRESS 8430 ABBINGTON CIRCLE, UNIT C22 CHY-ST- AP CITY-ST-ZIP NAPLES FL 33963 DOCUMENT # STREET ADDRESS PRICE. SHIR LEE TRUSTEE NAME STREET ADDRESS 8430 ABBINGTON CIRCLE, UNIT C22 CITY-ST-ZIP NAPLES FL 33963 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS 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 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

OMER L. PRICE Home L. Price 3/28/05 630-584-4993

FILED