2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

## FILED Apr 26, 2005 08:00 AM Secretary of State

| DOCUMENT # A9600001715  1. Entity Name JOHN H. PHIPPS LIMITED PARTNERSHIP   |   |                               |            |  | Sec   | cretary                                  | of State                      |
|---|---|-------------------------------|------------|--|---|--|-------------------------------|
| Principal Place of Business  3110 CAPITAL CIRCLE, N.E. TALLAHASSEE, FL 32308  Mailing Address 3110 CAPITAL CIRCLE, N.E. TALLAHASSEE, FL 32308   |   |                               |            | -  |   | II <b>88</b> 11 <b>8848</b> ) (1811 1848 |                               |
| Principal Place of Business     3. Mailing Address  |   |                               |            |  |   |  |                               |
| Suite, Apt. #, etc  |   | Suite, Apt. #, etc.           |            | 01042005 Chg-LP                                    | CR2E003 (                                     | 10/03)                                   |                               |
| City & Stat   | C   | City & State                  |            | -  | 4. FEI Number 59-3401577                      |  | Applied For<br>Not Applicable |
| Zip   | Country Z <sub>I</sub> p                        |                               | Country    |  | 5. Certificate of Status Desired              |  | 75 Additional<br>Required     |
| 6. Name and Address of Current Registered Agent   |   |                               |            | Name   | 7. Name and Address of New F                  | tegistered Agent                         |                               |
| PHIPPS VENTURES, INC  |   |                               |            | Street Address (P.O. Box Number is Not Acceptable) |   |  |                               |
| 3110 CAPITAL CIRCLE, N.E.<br>TALLAHASSEE, FL 32308  |   |                               | <u> </u>   | Oligat Madress (i                                  | O. Ook Number is not Acceptable               |  | <u> </u>                      |
|   |   |                               | -          | City   | <u> </u>                                      | FL 2                                     | lip Code                      |
| 8. The above  | named onlity submits this statement lo          | r the purpose of changing its | registered | office or register                                 | ed agent, or both, in the State of Fic        |  | ar with, and accept           |
| the obligations of registered agent.  |   |                               |            |  |   |  |                               |
| SIGNATURE Signature, typad or printed name of registered agent and fille if applicable.   |   |                               |            |  |   |  |                               |
| 9. Capital Contributions \$20,203,030.00 10. Amount of Capital Contributions 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.   |   |                               |            |  | ADDRESS CHA                                   | ANGES ONLY                               |                               |
| NAME  | PHIPPS VENTURES, INC.                           |                               | STREET.    | ADDRESS  |   |  |                               |
| STREET ADDRESS CITY-ST-ZIP  | 3110 CAPITAL CIRCLE, N.E. TALLAHASSEE, FL 32308 |                               | CITY-ST    | T-21P  | UQQQQQ331377                                  |  |                               |
| DOCUMENT #  | . (1)   |                               | STREET     | ADDRESS  | 04/25/05-80010-014 526.25                     |  |                               |
| STREET ADDRESS<br>CITY-ST-ZIP   |   | · <del>-</del>                | CITY-ST    | T- ZIP   |   |  |                               |
| DOCUMENT #<br>NAME  |   |                               | STREET     | ADDRESS  |   |  | -                             |
| STREET ADDRESS<br>CITY-ST-ZIP   |   | <u> </u>                      | CITY-ST    | T-ZIP  | <u>स</u>                                      |  |                               |
| DOCUMENT #<br>Name  |   |                               | STREET     | ADDRESS  |   |  |                               |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |                               | CITY-ST    | T- ZIP   | <u> </u>                                      |  |                               |
| DOCUMENT /<br>NAME  | -<br>-  |                               | STREET     | ADDRESS  | — <u>,,,—,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |  |                               |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |                               | CITY-ST    | T- ZIP   | ·   | •  |                               |
| DOCUMENT #  |   |                               | STREET     | ADDRESS  |   | <u></u>                                  |                               |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |                               | CITY-ST    |  |   |  |                               |
| 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 Stalutes, 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 employered to execute this report as required by Chapter 620. Florida Statutes  Phi 1995 Ventures. The provided this report as required by Chapter 620. Florida Statutes. |   |                               |            |  |   |  |                               |
| SIGNATURE: By Dullbulle Saviel E, Wilder VP 417/05 850-386-2125  SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING GENERAL PARTNER  DAGE DAGE DAGE DAGE DAGE DAGE DAGE DAG   |   |                               |            |  |   |  |                               |