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

AFTO

SIGNATURE:

Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # A96000002251 RICF, LTD. Principal Place of Business Mailing Address 3400 NE 34TH ST., SUITE 101 FORT LAUDERDALE FL 33308 3400 NE 34TH ST., SUITE 101 FORT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (10/04) 1ST MOORE City & State Applied For 4. FEI Number City & State 65-0713935 Not Applicable Country Country \$8,75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICHTER, SAM 3400 NE 34TH STREET #101 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33308 Zip Code FL 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 See Block 11 instructions for fee info. Signature, typed or printed name of registered agent and life if applicable DATE 10. Amount of Capital Contributions 9. Capital Contributions \$2,412,500.00 in FLORIDA to date. 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 filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. GP9700000422 DOCUMENT # STREET ADDRESS AFTON PARTNERS MANAF STREET ADDRESS 3400 N.E. 34TH STREET CUTY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 DOCUMENT # STREET ADDRESS V.F. SANCTUARY, INC. 1000000347337 STREET ADDRESS 7777 GLADES ROAD, #300 CITY-ST-78P 04/30/05-80112-007 535.00 BOCA RATON FL 33434 CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP In this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information d that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership of the limited partn 14. I hereby certify that the information supplied indicated on this report is true and accurate the receiver or trustee empowered to execut

INTED NAME OF SIGNING GENERAL PARTNER

4/11/05

FILED