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2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005 FILLU SECRETARY OF STATE **DOCUMENT # A97000000301** DIVISION OF CORPORATIONS 1. Entity Name REAMS ROAD LIMITED PARTNERSHIP 05 MAR 21 AM 9: 30 Principal Place of Business Mailing Address 201 N. NEW YORK AVE., SUITE 200 6400 CONGRESS AVE., STE 2100 WINTER PARK, FL 32789 BOCA RATON, FL 33487 Principal Place of Business 95 N. Keller Rd 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 02092005 Chg-LP CR2E003 (10/03) Gity & State City & State 4. FFI Number Applied For 59-3492653 Not Applicable Country Zip 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 Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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. Signeture, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions. 10. Amount of Capital Contributions \$14,648,000.00 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 12. ADDRESS CHANGES ONLY B97000000060 DOCUMENT # STREET ADDRESS TCR BUENA VISTA PLACE LIMITED PARTNERSHIP NAME STREET ADDRESS 201 N NEW YORK AVE., SUITE 200 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK, FL 32789 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADORESS 600049298286 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT (STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 together.

> SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING FENERAL PARTNER Seculary

assistant

214.05 561.998.4451