


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

<b>DOCUMENT # A97000000422</b> 1. Entity Name <b>THE WUISMAN FAMILY LIMITED PARTNERSHIP</b>	
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 APR -1 AM 9:56

Principal Place of Business 1805 OAK DRIVE ROCKLEDGE FL 32955	Mailing Address 1805 OAK DRIVE ROCKLEDGE FL 32955
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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1ST MOORE CR2E003 (10/04)

*Handwritten initials*

4. FEI Number 59-1904264	Applied For Not Applicable
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6. Name and Address of Current Registered Agent <b>WUISMAN, MARTIN 1805 OAK DRIVE ROCKLEDGE FL 32955</b>
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$450,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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11. FILE NOW!!! Due by May 1, 2005.  
See Block 11 instructions for fee info.

**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	
DOCUMENT #	
NAME	WUISMAN, MARTIN
STREET ADDRESS	1805 OAK DRIVE
CITY-ST-ZIP	ROCKLEDGE FL 32955
DOCUMENT #	
NAME	WUISMAN, MAAIKE
STREET ADDRESS	1805 OAK DRIVE
CITY-ST-ZIP	ROCKLEDGE FL 32955
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300050093343
CITY-ST-ZIP	04/07/05--01009--010 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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

**SIGNATURE:** *Martin Wuisman* **MARTIN WUISMAN** 4-1-05 321-638 0049  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE