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

Apr 26, 2005 08:00 AM Secretary of State DOCUMENT # A97000000433 1. Entity Name **ULLRICH FAMILY LIMITED PARTNERSHIP** Principal Place of Business Mailing Address 318 RACETRACK ROAD NW FT. WALTON BEACH FL 32547 318 RACETRACK ROAD NW FT, WALTON BEACH FL 32547 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 59-3438316 Not Applicable Zip Country 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 HELMICH, KEVIN M Street Address (P.O. Box Number is Not Acceptable) 4481 LEGENDARY DRIVE, SUITE 200 DESTIN FL 32541 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. TT. FILE NOW!!! Due by May 1, 2005. SIGNATURE Signature, typed of printed name of registered agent and title if applicable See Block 11 instructions for fee info. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,925,000.00 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT # P96000090956 STREET ADDRESS NAME ULLRICH, INC. STREET ADDRESS 314 BROOKS STREET SE CITY-ST-ZIP CITY-SI-ZIP FT. WALTONG BEACH FL 32548 DOCUMENT # U00000331243 STREET ADDRESS <u>04/26/05-80007-017 526,25</u> NAME STREET ADDRESS CITY-ST-ZIP 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-SI-ZIP CITY-ST-ZIF DOCUMENT # STREET AFIGRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP

14. I hereby certify that the information supplied with this ming 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 occurrate 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 empoyed on one rate this report as required by Chapter 620. Florida Statutes

SIGNATURE

FILED

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