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

Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # A9700000481 1. Entity Name RES HOLDINGS, LTD. Principal Place of Business . Mailing Address 3400 NE 34TH ST, SUITE 101 FT LAUDERDALE FL 33308 _ 3400 NE 34TH ST, SUITE 101 FT LAUDERDALE FL 33308 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 65-0727375 Not Applicable Zip Country Zin 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 SAMMOUNT, INC. 3400 NE 34TH ST, SUITE 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 little if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$100.00 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 DOCUMENT # P97000001450 STREET ADDRESS SAMMOUNT, INC. MAME 3400 NE 34TH ST, SUITE 101 STREET ADDRESS CITY SE-7/P CITY-ST-ZIP FT LAUDERDALE FL 33308 DOCUMENT # STREET ADDRESS NAME CIRCEL ADDRESS City-ST-ZIP CITY-ST-ZIP 000000347225 DOCUMENT # STREET ADDRESS 04/30/05-80108-004 150.00 STREET ADDRESS CITY ST-71P CHY-SI-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City-S1-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME CIREET ADDRESS City, St. 7iP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

OF SIGNING GENERAL PARTNER

4/11/05

14. I hereby certify that the information supp

SIGNATURE:

BY.

FILED