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

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SIGNATURE:

FILED DOCUMENT # A9700000510 Apr 18, 2005 08:00 AM Secretary of State 1. Entity Name H & A CHERRY FAMILY PARTNERSHIP, LTD. Principal Place of Business Mailing Address 2727 SOUTH OCEAN BLVD., #1103 HIGHLAND BEACH FL 33487 2727 SOUTH OCEAN BLVD., #1103 HIGHLAND BEACH FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt #, etc. 1ST MOORE CR2E003 (10/04) 4. FEI Number Applied For City & State City & State 65-0732420 Not Applicable Zip Country Ζip 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 CHERRY, HERBERT J Street Address (P.O. Box Number is Not Acceptable) 2727 S. OCEAN BLVD., #1103 HIGHLAND BEACH FL 33487-1842 City Žip 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. 106 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE See Block 11 instructions for fee info. Signature, typed or printed r nd title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$1.917.810.79 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 ADDRESS CHANGES ONLY 12. 13. OOCUMENT # STREET ADDRESS HERBERT J. CHERRY, TRUSTEE STREET ADDRESS 2727 SOUTH OCEAN BLVD., #1103 CITY-ST-78P CITY-ST-7P HIGHLAND BEACH FL 33487 DOCUMENT # STREET ADDRESS NAME ADELE CHERRY, TRUSTEE STREET ADDRESS 2727 SOUTH OCEAN BLVD., #1103 CITY-ST-7IP CITY ST-ZIP HIGHLAND BEACH FL 33487 000000315111 04/19/05-80021-013 526.25 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-71P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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

NATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER