2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED Apr 27, 2005 08:00 AM Secretary of State

t. Ent	lity Nam	MENT # A970000	000820	1, 2000				Secr	etary o	f State	
Princip	pai Place	e of Business	Mail	ing Address		·	†				
	8400 - 49TH STREET NORTH 8400 - 49TH STREE PINELLAS PARK, FL 33781 PINELLAS PARK, FL) (waller) current				
2. Prir	2. Principal Place of Business 3. Mailing Address										
Sur	Suite, Apt #, etc			Suite, Apt. #, etc.			01282005	Chg-LP	CR2E003 (10/03)		
City	City & State			City & State			4. FEI Numbe 59-2288			Applied For Not Applicable	
Zip	Zip Country			Zip Cour		ntry		of Status Desired	Fee	75 Additional Required	
ļ	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
	RUPPEL, DENNIS G 5201 - 102ND AVENUE, NORTH						Street Address (P.O. Box Number is Not Acceptable)				
PINE	INELLAS PARK, FL 33782										
						City FL Zip Code				Zip Code	
8. The	 The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent 					cd office or registe	red agent, or both	n, in the State of F	lorida. I am fami	liar with, and accept	
SIGNA	IGNATURE Signature is ped or privide name of registered agent and title it applicable								DATE		
		ntributions \$1,000.00	al Contril late.	outions							
		A GENERAL PARTN NOTE: General Partner	s MAY NOT	be changed on t	NTITY M	IUST BE REGIS i; an amendme	TERED AND A nt must be file	CTIVE WITH T	HIS OFFICE. general partne	r.	
12.	GENERAL PARTNER INFORMATION DIMENT # P97000303338				13.			ADDRESS CH	IANGES ONLY		
NAME	ABORESS	PINELLAS WHETSTONE, IS 8400 - 49TH STREET NORT	VHETSTONE, INC.		STREET ADDRESS						
CITY-SI	- Z/P	PINELLAS PARK, FL 3378			CITY	-\$Y-ZIP	-	VT-1804			
NAME	eet address y-s1-zip				STRE	STREET ADDRESS 400000336505					
CITY-ST					CITY	·ST-ZIP	77.71	04/27/0	5-80130-	006 150.00	
NAME					STRI	FET ADDRESS	- 	-			
CITY-ST	ADDRESS -ZIP			********	CITY	ST-7IP					
DOCUME NAME	ENT #				STRI	EET ADDRESS					
STREET /					City	·Sī-ZIP					
DOCUME NAME	ENT /				SIRI	ELI ADDRESS					
STREET A	J				CHY	-SI-2IP	•				
CITY-ST DOCUME NAME SIRELLA CITY-ST DOCUME NAME	INT #				STR	ET ADDRESS					
STREET A	!				CITY	-ST-ZIP					
44 11											

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER , INC., 6 ENERAL PARTNER 4-12-05 727 546-2446 2366