
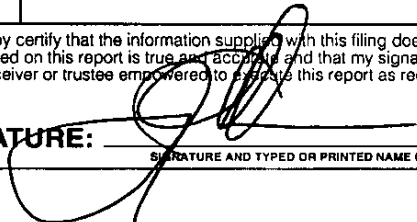


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 7, 2005**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 JUL 20 AM 11:17

|  |                             |   |  |
|--|-----------------------------|---|--|
| DOCUMENT # A9700000831   |                             |    |  |
| 1. Entity Name<br>YBOR DISTRICT COOLING, LTD.  |                             |   |  |
| Principal Place of Business<br><del>702 NORTH FRANKLIN STREET<br/>TAMPA, FL 33602</del><br>902 N. Himes Avenue<br>Tampa, FL 33602  |                             | Mailing Address<br><del>C/O B.S. SCHWARTZ<br/>200 BOKUM<br/>TAMPA, FL 33602</del><br>902 N. Himes Avenue<br>Tampa, FL 33602 |  |
| 2. Principal Place of Business   |                             | 3. Mailing Address  |  |
| Suite, Apt. #, etc.  |                             | Suite, Apt. #, etc.   |  |
| City & State   |                             | City & State  |  |
| Zip  |                             | Country   |  |
| 07012005   |                             | Chg-LP CR2E003 (10/03)  |  |
| 4. FEI Number<br>59-3442363  |                             | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                             | \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br>HIGHAM, FREDERICK A<br>4514 CENTRAL AVE<br>ST PETERBURG, FL 33711   |                             | 7. Name and Address of New Registered Agent   |  |
| Name   |                             | Street Address (P.O. Box Number is Not Acceptable)  |  |
| City   |                             | 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.  |                             |   |  |
| SIGNATURE _____  |                             | DATE _____  |  |
| 9. Capital Contributions as Shown on record. \$2,400,000.00  |                             | 10. Amount of Capital Contributions in FLORIDA to date.   |  |
| In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.   |                             |   |  |
| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.<br>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.  |                             |   |  |
| 12. GENERAL PARTNER INFORMATION  |                             | 13. ADDRESS CHANGES ONLY  |  |
| DOCUMENT #   | P97000032710                | STREET ADDRESS  |  |
| NAME   | YBOR DISTRICT COOLING, INC. | CITY - ST - ZIP   |  |
| STREET ADDRESS   | 702 NORTH FRANKLIN STREET   |   |  |
| CITY - ST - ZIP  | TAMPA, FL 33602             |   |  |
| DOCUMENT #   |                             | STREET ADDRESS  |  |
| NAME   |                             | CITY - ST - ZIP   |  |
| STREET ADDRESS   |                             |   |  |
| CITY - ST - ZIP  |                             |   |  |
| DOCUMENT #   |                             | STREET ADDRESS  |  |
| NAME   |                             | CITY - ST - ZIP   |  |
| STREET ADDRESS   |                             |   |  |
| CITY - ST - ZIP  |                             |   |  |
| DOCUMENT #   |                             | STREET ADDRESS  |  |
| NAME   |                             | CITY - ST - ZIP   |  |
| STREET ADDRESS   |                             |   |  |
| CITY - ST - ZIP  |                             |   |  |
| DOCUMENT #   |                             | STREET ADDRESS  |  |
| NAME   |                             | 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 file this report as required by Chapter 620, Florida Statutes |                             |   |  |
| SIGNATURE:    |                             | DATE: 07-08-05  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   |                             | DAYTIME PHONE # 813-877-8251  |  |

STAPLE CHECK HERE