


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

<b>DOCUMENT # A97000000849</b>	
1. Entity Name <b>ALF I LTD.</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 21 AM 10:33

Principal Place of Business <b>9500 S.W. HIGHWAY 200 OCALA FL 34481</b>	Mailing Address <b>125 N.E. FIRST AVENUE, SUITE 1 OCALA FL 34470</b>
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2. Principal Place of Business <b>11311 SW 95 CIRCLE</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>OCALA FL</b>	City & State	4. FEI Number <b>65-0760303</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34481</b>	Country <b>USA</b>	Zip	Country

*JS*



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent  <b>HAINES, TIM D 125 N.E. FIRST AVENUE, SUITE 1 OCALA FL 34470</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. <b>\$2,650,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**11: FILE NOW!!! Due by May 1, 2005.**  
See Block 11 instructions for fee info.

**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.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # <b>L96000000548</b>	NAME <b>CARRIAGE HOUSE OF OCALA, L.C.</b>	STREET ADDRESS <b>714 S.E. 22ND AVENUE</b>	CITY-ST-ZIP <b>OCALA FL 34471</b>
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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**700049298017**  
**03/28/05--01074--003 \*\*526.25**

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 *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/17/05 (352) 861-2504  
Date Daytime Phone #

STAPLE CHECK HERE