2005 LIMITED PARTNERSHIP ANNUAL REPORT

## FILED Due By May 1, 2005 Jan 12, 2005 08:00 AM **DOCUMENT # A97000001085** Secretary of State 1. Entity Name DUNCAN INDUSTRIAL LIMITED PARTNERSHIP Principal Place of Business Mailing Address 5800 S.E. 78TH ST. 5800 S.E. 78TH ST. OCALA, FL 34472 OCALA, FL 34472 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 Chg-LP CR2E003 (10/03) Applied For City & State City & State 4. FEI Number 59-3446940 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUNCAN, DANNY E Street Address (P.O. Box Number is Not Acceptable) 5800 S.E. 78TH ST. OCALA, FL 34472 Zip Code City 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 Squature, typed or printed name of registered agent and tille if applicable. DATE 10. Amount of Capital Contributions 9. Capital Contributions \$5,000,000.00 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 ADDRESS CHANGES ONLY 13. 12. P97000041825 DOCUMENT# STREET ADDRESS DONNACHAIDH CORPORATION NAME STREET ADDRESS 5800 S.E. 78TH ST. CITY-ST-ZIP CITY-ST-ZIP OCALA, FL 34472 DOCUMENT# STREET ADDRESS NAME STREET ADDRESS 01/12/03-80005-010 526.25 CITY-SY-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING GENERAL PARTHER SIGNATURE:

CITY-ST-7IP