

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

|   |  |
|---|--|
| DOCUMENT # A97000001139                             |  |
| 1. Entity Name<br>3520 TRYON MORTGAGE HOLDINGS LTD. |  |



|   |   |
|---|---|
| Principal Place of Business<br>1700 W 93RD TERR<br>PLANTATION, FL 33322 | Mailing Address<br>1700 W 93RD TERR<br>PLANTATION, FL 33322 |
|---|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

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|   |                               |
|---|-------------------------------|
| 4. FEI Number<br>65-0755780   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |                               |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br>C T CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD<br>PLANTATION, FL 33324 |
|---|

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| FL   | Zip Code |

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. \$220,000.00 | 10. Amount of Capital Contributions 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.**

| 12. GENERAL PARTNER INFORMATION |                              |
|---------------------------------|------------------------------|
| DOCUMENT #                      | M98000001546                 |
| NAME                            | TRYON AVENUE MORTGAGE LLC    |
| STREET ADDRESS                  | 1773 WILTSHIRE VILLAGE DRIVE |
| CITY-ST-ZIP                     | WELLINGTON, FL 33414         |
| DOCUMENT #                      |                              |
| NAME                            |                              |
| STREET ADDRESS                  |                              |
| CITY-ST-ZIP                     |                              |
| DOCUMENT #                      |                              |
| NAME                            |                              |
| STREET ADDRESS                  |                              |
| CITY-ST-ZIP                     |                              |
| DOCUMENT #                      |                              |
| NAME                            |                              |
| STREET ADDRESS                  |                              |
| CITY-ST-ZIP                     |                              |
| DOCUMENT #                      |                              |
| NAME                            |                              |
| STREET ADDRESS                  |                              |
| CITY-ST-ZIP                     |                              |

|   |
|---|
| 13. ADDRESS CHANGES                                 |
| STREET ADDRESS                                      |
| CITY-ST-ZIP   |
| 1700 N.W. 93rd Terrace<br>Plantation, Florida 33322 |
| STREET ADDRESS                                      |
| CITY-ST-ZIP   |
| STREET ADDRESS                                      |
| CITY-ST-ZIP   |
| STREET ADDRESS                                      |
| CITY-ST-ZIP   |
| STREET ADDRESS                                      |
| 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 the signature of the partner or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE Michael Sherry  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Michael Sherry 4/26/05 793-1793

STAPLE CHECK HERE

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