


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED

2005 MAY -3 PM 4: 02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A97000001149					
1. Entity Name THE ROUBICEK FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 1391 SALVADORE COURT MARCO ISLAND, FL 34145			Mailing Address P.O. BOX 1268 MARCO ISLAND, FL 34146		
2. Principal Place of Business		3. Mailing Address P.O. Box 950			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Marco Island FL			
Zip	Country	Zip	Country	4. FEI Number 65-0777034	
34146				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHWEIKHARDT, WILLIAM 900 SIXTH AVENUE SOUTH, SUITE 203 NAPLES, FL 34102			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record: \$5,990,000.00		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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P00000055510		STREET ADDRESS	P.O. Box 950	
NAME	ROUBICEK MANAGEMENT COMPANY, INC.		CITY-ST-ZIP	Marco Island, FL 34146	
STREET ADDRESS	PO BOX 1268				
CITY-ST-ZIP	MARCO ISLAND, FL 34146				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP	000055382850	
STREET ADDRESS				05/27/05--01005--004 **526.25	
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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 execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: _____			4/29/05 239-397-1900		
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING GENERAL PARTNER			DATE Daytime Phone #		
C. Roubicek			OFFICE OF COMP.		

STAPLE CHECK HERE