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

STAPLE

SIGNATURE:

## DOCUMENT # A97000001257 Mar 25, 2005 8:00 A.M. Secretary of State 1. Entity Name NAGEL GROUP, LTD. Principal Place of Business Mailing Address C/O WITTERS CONSTRUCTION COMPANY 1040 SE 14TH STREET C/O WITTERS CONSTRUCTION COMPANY 1040 SE 14TH STREET HIALEAH FL 33010 HIALEAH FL 33010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (10/04) Applied For City & State City & State 4. FEI Number 65-0773489 Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DANIELS, NICHOLAS M ESQ. Street Address (P.O. Box Number is Not Acceptable) SUNTRUST INTERNATIONAL CENTER ONE S.E. 3RD AVENUE, STE. 2400 **MIAMI FL 33131** 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. 11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info. Signature, typed or printed name of registered agent and little if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$5,162,198.40 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. P97000050263 DOCHMENT # STREET ADDRESS CBC GROUP, INC. NAME STREET ADDRESS 1040 S.E. 14TH STREET CITY+ST-7IP CITY-ST-ZIP HIALEAH FL 33010 DOCUMENT # STREET ADDRESS STREET ADDRESS CHTY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP 100049839031 DOCUMENT # 04/05/05--01004--008 \*\*526.25 STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP 14. Thereby 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

3/24/05