


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000001290**

1. Entity Name  
**O & S LAND, LTD.**



Principal Place of Business  
**1350 EAST NEWPORT CENTER DRIVE, SUITE 206  
 DEERFIELD BEACH, FL 33442**

Mailing Address  
**P.O. BOX 4219  
 DEERFIELD BEACH, FL 33442-4219**

2. Principal Place of Business  
 Suite, Apt. #, etc  
**3. Mailing Address**  
 Suite, Apt #, etc

City & State  
**City & State**

Zip Country  
**Zip Country**



03142005 Chg-LP CR2E003 (10/03)

4. FEI Number  
**65-0763023**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KAY, JAMES R ESQ.  
 KAY LAW OFFICES  
 700 VILLAGE SQUARE CROSSING., STE 102B  
 PALM BEACH GARDENS, FL 33410**

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 file if applicable

9. Capital Contributions as Shown on record. **\$1,500,000.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP	P97000050819 OSL, INC. 1350 EAST NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	U00000362605 05/05/05-80121-015-535.00
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STAPLE CHECK HERE

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]* **Linda G. Kassof** 04/22/2005 (954) 428-4585  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #