2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

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SIGNATURE:

FILED May 05, 2005 08:00 AM Secretary of State **DOCUMENT # A97000001719** WORTHWHILE DEVELOPMENT III, LTD. Principal Place of Business Mailing Address 2933 W SR 434, SUITE 101 2933 W SR 434, SUITE 101 LONGWOOD, FL 32779 LONGWOOD, FL 32779 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282005 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 59-3464682 Not Applicable Zιρ Country Zιο Country \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROYALL, H J JR. Street Address (P.O. Box Number is Not Acceptable) 2933 W SR 434, SUITE 101 LONGWOOD, FL 32779 Zip Coda FL 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 lamiliar with, and accept the colligations of registered agent. SIGNATURE Signature, 6 paid or physical number of registered agent and title if applicable 1 DATE 9. Capital Contributions 10. Amount of Capital Contributions \$5,687,321.22 as Shown on record. 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 ADDRESS CHANGES ONLY P97000068224 DOCUMENT # STREET ADDRESS WORTHWHILE DEVELOPMENT III, INC. NAME STREET ADDRESS 2933 W SR 434, SUITE 101 CITY-ST-ZIP CITY~ST-2IP U00000362676 LONGWOOD, FL 32779 05/05/05-80129-003 **535.**00 DOCUMENT# STREET ALUPESS NaME STREET ADDRESS CITY-ST- DP CTTY-51-21P DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP DOCUMENT# STREET ACCRESS NAME STREET ADDRESS CITY ST-ZIP CITY - ST - ZIP DOCLMENT ₹ STREET ADDRESS NANE STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

14. Thereby certify that the information supplied with this filing does not quality 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 eath; 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

HI-Ryall J/