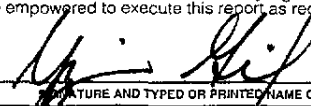


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Feb 22, 2005 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                        |                                                                                                                                   |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # A97000001722</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                                        |                                                                                                                                   |  |  |
| 1. Entity Name<br>MONROE TALLAHASSEE, LTD.                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                                                        |                                                                                                                                   |                                                                                   |  |
| Principal Place of Business<br>121 ALHAMBRA PLAZA, PH I, SUITE 1600<br>CORAL GABLES, FL 33134                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                                        | Mailing Address<br>121 ALHAMBRA PLAZA, PH I, SUITE 1600<br>CORAL GABLES, FL 33134                                                 |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                                        | 3. Mailing Address                                                                                                                |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                        | Suite, Apt. #, etc.                                                                                                               |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                                                        | City & State                                                                                                                      |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country                              | Zip                                                    | Country                                                                                                                           | 4. FEI Number<br>65-0801525                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                        |                                                                                                                                   | Applied For<br>Not Applicable                                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                        |                                                                                                                                   | \$8.75 Additional Fee Required                                                    |  |
| 6. Name and Address of Current Registered Agent<br><br>RENTZ, R. LARRY<br>121 ALHAMBRA PLAZA, PH I, SUITE 1600<br>CORAL GABLES, FL 33134                                                                                                                                                                                                                                                                                                                                                    |                                      |                                                        | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P. O. Box Number is Not Acceptable)<br>City<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                  |                                      |                                                        |                                                                                                                                   |                                                                                   |  |
| 9. Capital Contributions as Shown on record. \$1,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      | 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.<br>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 #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | P16775                               |                                                        | STREET ADDRESS                                                                                                                    |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | HAMMOND VENTURE, INC.                |                                                        | CITY-ST-ZIP                                                                                                                       |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 121 ALHAMBRA PLAZA, PH I, SUITE 1600 |                                                        |                                                                                                                                   |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CORAL GABLES, FL 33134               |                                                        |                                                                                                                                   |                                                                                   |  |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                                                        | STREET ADDRESS                                                                                                                    |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |                                                        | CITY-ST-ZIP                                                                                                                       |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                                        |                                                                                                                                   |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                                                        |                                                                                                                                   |                                                                                   |  |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                                                        | STREET ADDRESS                                                                                                                    |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |                                                        | CITY-ST-ZIP                                                                                                                       |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                                        |                                                                                                                                   |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                                                        |                                                                                                                                   |                                                                                   |  |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                                                        | STREET ADDRESS                                                                                                                    |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |                                                        | CITY-ST-ZIP                                                                                                                       |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                                        |                                                                                                                                   |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                                                        |                                                                                                                                   |                                                                                   |  |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                                                        | STREET ADDRESS                                                                                                                    |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |                                                        | 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 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:                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                                        | YAZMIN GIL, TREASURER 1/13/05 305-443-1000                                                                                        |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER HAMMOND VENTURE                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                                        | Daytime Phone #                                                                                                                   |                                                                                   |  |



01052005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0801525 Applied For Not Applicable

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

RENTZ, R. LARRY  
121 ALHAMBRA PLAZA, PH I, SUITE 1600  
CORAL GABLES, FL 33134

Name  
Street Address (P. O. Box Number is Not Acceptable)  
City  
FL Zip Code

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

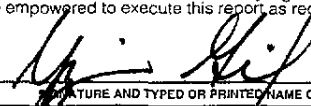
DOCUMENT # P16775  
NAME HAMMOND VENTURE, INC.  
STREET ADDRESS 121 ALHAMBRA PLAZA, PH I, SUITE 1600  
CITY-ST-ZIP CORAL GABLES, FL 33134

13. ADDRESS CHANGES ONLY

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02/22/05-80042-009 141.25

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:  YAZMIN GIL, TREASURER 1/13/05 305-443-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER HAMMOND VENTURE Daytime Phone #

STAPLE CHECK HERE