2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
David C. Strong

STAPLE CHECK HERE

SIGNATURE:

| 200  | Due By N   | ORT  | SECRETA<br>DIVISION (1) | FILED<br>ARY OF S             | TA7-  |  |   |  |  |
|--|--|--|-------------------------|-------------------------------|---|--|---|--|--|
| DOCUMENT # A9700001937   |  |  |                         |                               |   | '  | 0141210K ()                               | CORPOR                                 | IAIE<br>ATIONS                               |
| 1. Entity Name STRONG/PINEHURST PARTNERS, LTD.   |  |  |                         |                               |   |  | 05 APR -                                  | 4 AM 10:                               | 59   |
| Principal Place of Business 1201 SOUTH ORLANDO AVENUE, SUITE 360 WINTER PARK, FL 32780   |  | Mailing Address<br>P.O. BOX 276<br>WINTER PARK, FL 32790 |                         |                               |   | AI 1860 8800 8840 8800                       | ADIN 4610 NEIS 101                        | BO SING ROOTEN DI NODA                 |  |
| •  | ace of Business<br>Orlando Ave.  | 3. Mailing Address<br>1000 N. Orlando Ave.               |                         |                               |   |  |   |  |  |
| Suite D  |  | Suit Apt. # eta<br>Suit te D                             |                         |                               | 01052005                                    | Chg-LP                                       | CR2E003 (                                 | 10/03)                                 |  |
| City & State<br>Winter Park, FL  |  | City & State Winter Park, FL                             |                         |                               |   | 59-3466604 No                                |   |  | Applied For<br>Not Applicable                |
| 32 <del>7</del> 89   | Country USA  | 32789  | Counti                  | ry U                          | ISA   | 5. Certificate of                            | Status Desired                            |  | <b>75</b> Additional<br>Required             |
| Name and Address of Current Registered Agent   |  |  |                         |                               |   | 7. Name and Ad                               | ddress of New Re                          | gistered Agen                          | t  |
| STRONG, DAVID C<br>12 <del>01 SOUTH ORLANDO AVENUE, SUITE</del> 360<br>*WINTER PARK, FL 32789  |  |  |                         | Street Add                    | Address (P.O. Box Number is Not Acceptable) |  |   |  |  |
|  |  |  |                         | Suit                          | uite D                                      |  |   |  |  |
| •  |  |  |                         |                               | inter Park FL   Zip Code 32789              |  |   |  |  |
| 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 the obligations of registered agent.  SIGNATURE  Signature, wheel or printed name of registered agent and title if applicable. |  |  |                         |                               |   |  |   | ar with, and accept                    |  |
| 9. Capital Co  | I Contrib<br>ite.  | utions   |                         |                               |   | ■ 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.  |  |  |                         |                               |   |  |   | r.                                     |  |
| 12.  | GENERAL PARTNER  |  | 13.                     |                               |   |  | ADDRESS CHA                               |  |  |
| DOCUMENT #<br>NAME   | P9700077472<br>STRONG/PINEHURST, INC.  |  |                         | T ADDRESS 1                   | 1000 N. Orlando Avenue, Ste D               |  |   |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 1 <del>201 SOUTH ORLANDO AVENUE, SUI</del> TE 360<br>W <del>INTER PARK, EL 327</del> 89  |  |                         | - 1                           |   | nter Park, FL 32789                          |   |  |  |
| DOCUMENT #<br>NAME   |  |  | STREE                   | T ADDRESS                     |   |  |   |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |  | CITY-                   | ST-ZIP                        |   |  | ****                                      |  |  |
| DOCUMENT #   |  |  | STREE                   | T ADDRESS                     |   | <b>50</b> 0<br>04/11/09                      | 1 <b>0504</b> 2<br>501079                 | 2 <b>341</b> 3                         | 5<br>41.25                                   |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |  | СІТҮ-                   | ST-ZIP                        |   |  |   |  |  |
| DOCUMENT /<br>NAME   |  |  | STREE                   | T ADDRESS                     |   |  |   |  |  |
| STREET ADDRESS<br>City-St-Zip  |  |  | CITY-                   | ST-ZIP                        |   | -  |   |  |  |
| DOCUMENT #   |  |  | STREE                   | T ADDRESS                     |   |  |   |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | _  |  | CITY-                   | ST-ZIP                        |   |  |   |  |  |
| DOCUMENT #<br>NAME   |  |  | STREE                   | T ADDRESS                     |   |  |   |  |  |
| STREET ADDRESS<br>CITY;ST-ZIP  |  |  | СПҮ-                    | ST-ZIP                        |   |  |   |  |  |
| igdicated  | rertify that the information supplied with on this report is true and accurate and the error trustee empowered to execute this Strong Piroburg | hat my signature shall have t                            | he same<br>er 620, F    | legal effect<br>lorida Statut | as if m<br>es                               | ction 119.07(3)(i), i<br>nade under oath; th | Florida Statutes. I<br>nat I am a General | further certify th<br>Partner of the f | nat the information<br>imited partnership or |

407–629–1800 Davtime Phone #

3/22/05

Date