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

Mar 18, 2005 08:00 AM DOCUMENT # A97000001976 **Secretary of State** 1. Entity Name NW OREGON, LTD. ,, Principal Place of Business Mailing Address 600 EAST COLONIAL DRIVE, SUITE 100 ORLANDO FL 32803 600 EAST COLONIAL DRIVE, SUITE 100 V ORLANDO FL 32803 2. Principal Place of Business ___ 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1ST MOORE CR2E003 (10/04) City & State City & State Applied For 4. FEI Number 59-3466894 🗸 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHRIMSHER, J. STEVEN Street Address (P.O. Box Number is Not Acceptable) 600 EAST COLONIAL DRIVE, SUITE 100 ORLANDO FL 32803 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 11. FILE NOW!!! Due by May 1, 2005. Signalure, typed or printed name of registered agent and little if applicable See Block 11 instructions for fee info. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$3,450,000.00 1 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY DOCUMENT # P94000031988 STREET ADDRESS RIFE PROPERTIES, INC. NAME STREET ADDRESS 427 SOUTH NEW YORK AVENUE C1TY-\$1-2P CITY-ST-ZIP WINTER PARK FL 32789 U000000267614 03/18/05-80009-010 526.25 DOCUMENT # P96000086295 STREET ADDRESS NAME SCHRIMSHER INVESTMENTS CORPORATION STREET ADDRESS 600 EAST COLONIAL DRIVE, SUITE 100 CHY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHEY: ST- 7IP CITY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP CITY - ST - ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-51-ZIP CITY ST-7IP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(1), 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 AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

Steven Schrimsher 3-10-05

FILED