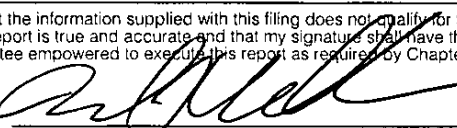


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A97000002178					
1. Entity Name TBI/HERON BAY LIMITED PARTNERSHIP					
Principal Place of Business 3103 PHILMONT AVENUE HUNTINGDON VALLEY, PA 19006			Mailing Address 3103 PHILMONT AVENUE HUNTINGDON VALLEY, PA 19006		
2. Principal Place of Business 250 Gibraltar Road		3. Mailing Address 250 Gibraltar Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Horsham, PA		City & State Horsham, PA		4. FEI Number 23-2928874	
Zip 19044		Country Montgomery		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 19044		Country Montgomery		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$9,500.00		10. Amount of Capital Contributions in FLORIDA to date. \$9,500.00			
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 #	P94000082800		STREET ADDRESS	250 Gibraltar Road	
NAME	TOLL FL FP CORP.		CITY-ST-ZIP	Horsham, PA 19044	
STREET ADDRESS	3103 PHILMONT AVE				
CITY-ST-ZIP	HUNTINGDON VALLEY, PA 19006				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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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 			Date 4/01/05		
Mark J. Marshauer, VP of TOLL FL FP Corp., General Partner					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03242005 Chg-LP CR2E003 (10/03)

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