2005 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2005 Apr 09, 2005 08:00 AM Secretary of State **DOCUMENT # A97000002401** RISOLA FAMILY LIMITED PARTNERSHIP III Principal Place of Business Mailing Address 57 CENTRAL COURT **57 CENTRAL COURT** TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apr. #, etc. 01052005 Chg-LP City & State City & State 4. FEI Number 59-3477886 Zip Country Country Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name

CR2E003 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required RISOLA, SAMUEL JR. Street Address (P.O. Box Number is Not Acceptable) **57 CENTRAL COURT** TARPON SPRINGS, FL 34689 City Zip Code 3. 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$900.00 as Shown on record. in R.ORIDA 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT# P96000086638 STREET ADDRESS NAME RISOLA FAMILY CORPORATION STREET ADDRESS **57 CENTRAL COURT** U00000295022 CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS, FL 34689 04/09/05-80011-009-141.X DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City-St-Zip CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CFTY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

14. Thereby cortify 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 projugnature 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 accurate this report is required by Chapter 620, Florida Statutes

SIGNATURE:

STAPLE CHECK