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

SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT # A97000002440 05 FEB 21 AM 11: 33 1. Entity Name RISE SMART DEVELOPMENT, LTD. Principal Place of Business Mailing Address C/O DIETER A. THIEMAN C/O DIETER A. THIEMAN 11380 PROSPERITY FARMS ROAD, #217 11380 PROSPERITY FARMS ROAD, #217-PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01282005 CR2E003 (10/03) MOA HOA Applied For City & State City & State 4. FEI Number 65-0792168 Not Applicable Country Zip \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THIEMANN, DIETER Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD SUTE 110A PALM BEACH GARDENS, FL 33410 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 Signature, typed or printed name of registered agent and little if applicable. 10. Amount of Capital Contributions 9. Capital Contributions \$1,155,000.00 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13. P97000095772 DOCUMENT # STREET ADDRESS HOA SUITE NAME RISE SMART DEVELOPMENT INC. STREET ADDRESS 11380 PROSPERITY FARMS ROAD #217 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 DOCUMENT **#** STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS COY-ST-ZIP CITY-ST-ZIP 100047493201 03/01/05--01035--002 **526.25 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STAPLE CHECK HERE CJTY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP

14. Thereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER