2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE: _

| Due by May 1, 2005 | | | | | | | | | |
|---|--|---|--|---|-------------------------------------|-------------------------------------|-----------------------------|-----------------------------------|---------------------------------------|
| DOCUMENT # A97000002493 | | | | |] FILED | | | | |
| 1. Entity Nam | | | | 2005 JAN 18 AM 9: 47 | | | | | |
| | | | | II. | DIVILION OF CORPO LALLAHASSEE, F | | | RATIONS | |
| Principal Plac | e of Business | | | I ALLAHASSEE, F | | | ORIDA | | |
| %-WEGMAN ASSOC. 80 01 N. DALE MABRY, S UITE 101-A TAMP A, FL 33 614 **WEGMAN ASSOC. 80 01 N. DALE MABRY, S UITE 101-A TAMPA, FL 33614 | | | JITE 101-A | | | | | | |
| 2. Principal Place of Business 3438 Cocurry Ave | | 3. Mailing Address 3438 COLWELL AVE | | | | | | | |
| Suite, Apt. #, etc. | | | | 010 | 042005 | Chg-LP | CIF | R2E003 (10 | /03) |
| City & State THUMY FL. | | Cive State FL. | | - 1 | FEI Number 59-34820 |)30 | | | Applied For Not Applicable |
| Zip 3761 | Country 4 454 | Zip 336/4 | Country USA | | - | Status Desired | | F∈e Re | Additional quired |
| · · · · · · · · · · · · · · · · · · · | 6. Name and Address of Current F | Registered Agent | Nappe | 7. ! | Name and A | ddress of Nev | Regist : | red Agent | |
| GRANT, J | LACKEY | | | | | | | | |
| -10025 OR | ANGE GROVE DRIVE | | Street Address (B.O. Box Number is Not Acceptable) | | | | | | |
| · | L 33010 | | | • | ,• | | | | |
| • | | City Tangar | | | | Zip Code 37614 | | | |
| | named entity submits this statement for ions of registered agent. | • | | ent, or both, | in the State of | Forces I | | | |
| SIGNATURE Signature, typed of printed name of registered agent and title if applicable. | | | | . LACKOY | | | | 1/1/05 NE | - |
| 9. Capital Contributions as Shown on record. \$350,100.00 10. Amount of Capital Contributions in FLORIDA 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. | | | | | | | | | |
| 12. | GENERAL PARTNER | | 13. | noment mu | ST DE THEO | ADDRESS C | | <u> </u> | |
| DOCUMENT # | P97000081556 | STREET ADDRESS | · | | | | | | |
| NAME STREET ADDRESS | KEYSTONE DEVELOPMENT COMPANY OF TAMPA, INC. | | STREET POURCES | | | | | | |
| Csty-st-zip | TAMPA; FL 33618 | CITY-ST-ZIP | | | | | | · | |
| DOCUMENT # NAME | | | STREET ADDRESS | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | CITY-ST-ZIP 01/18/050100802 | | | | 235 -026 | 3 971 % **526.25 | | |
| DOCUMENT # NAME | | | STREET ADDRESS | · | | | , | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | | |
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| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | | |
| DOCUMENT # NAME | | | STREET ADDRESS | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | | |
| 14. I hereby of indicated the receiv | certify that the information supplied with on this report is true and accurate and t er or trustee empowered to execute this | this filing does not qualify for th hat my signature shall have the report as required by Chapter | e exemption state same legal effect 620, Florida State | ed in Section of the sit made unites | 119.07(3)(i), under oath; th | Florida Statutes nat I am a Gene | s. I furth a eral Part i | r certify that er of the limit | the information ted partnership or |

1/stor 317-865-1180