**	 4

2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

## FILED Mar 23, 2005 08:00 AM Secretary of State

Due By May 1, 2005  DOCUMENT # A9700002740					Mar 23, 2005 08:00 A Secretary of State				
1. Entity Name	N   # A9700000	02 <u>7</u> 40				Sec	cretary	oi State	
Principal Place of Business 6222 MASTERS BLVD., NO. B-301 ORLANDO, FL 32819		Mailing Address 6222 MASTERS BLVD., NO. B-301 ORLANDO, FL 32819		301					
2. Principal Place of	Business	3. Mailing Address	<u></u>	Fr.					
Suite, Apt. #, etc.		Suite, Apt. #. etc.			03102005	Chg-LP	CR2E003	(10/03)	
City & State		City & State			4. FEI Number 59-3485			Applied For Not Applical	
Zip	Country	Zip	Cour	ntry		of Status Desired	Fe Fe	3.75 Additional e Required	
6, 1	Name and Address of Curre	ent Registered Agent	·	<u> </u>	7. Name and	Address of New F	legistered Age	ent	
PRICE, PAMELA				Name	50 B. M	· · · · · · · · · · · · · · · · · · ·	->		
301 E, PINE STI ORLANDO, FL	REET, SUITE 1400 32801			Street Address (	P.O. Box Number	r is Not Acceptable	<del></del>		
				City	<del></del>	·	FL	Zip Code	
	entity submits this statemen	, <sub>gar</sub> ,		<u> </u>		1 1		m	
the obligations of	, typad or printed name of registered a	ment and title if applicable	_ = <u></u>		<u> </u>	<u> </u>	DATE		
9. Capital Contribution	ons	10. Amount of		butions \$1,530,000		T			
	A GENERAL PARTNE	R THAT IS A BUSINES	S ENTITY N	AUST BE REGIS	TERED AND A	CTIVE WITH TH	IS OFFICE.	<u>-</u>	
	OTE: General Partners				t must be filed	ADDRESS CH		er.	
12.	00093752	NER INFORMATION	13.	<del></del>		ADDRESS CH	WIGES OINET		
NAME MOR	AN MANAGEMENT, INC MASTERS BLVD., NO. I		-	EET ADDRESS					
CITY-ST-ZIP ORLA	ANDO, FL 32819		CITY	Y-ST-ZIP				<del></del>	
DOCUMENT # NAME			STR	EET ADDRESS		<del></del> -	<u>.</u>		
STREET ADDRESS CITY-ST-ZIP			CITY THE	Y-ST-ZIP		— HAAAA	2 <del>74024 —</del>	<u> </u>	
DOCUMENT # NAME			STR	EET ADDRESS		03/23/05~(	30052-01	4 535.00	
STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP		<u> </u>			
DOCUMENT # NAME			STR	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP		·············	CITY	Y-ST-ZIP	·				
DOCUMENT # NAME			STR	EET ADDRESS		a			
STREET ADDRESS CITY-ST-ZIP			CITY	(-ST-ZIP		error to a realiza			
DOCUMENT # NAME			STR	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			<u>JL.</u>	r-st-zip	·				
14. I hereby certify the indicated on this the receiver or tri	nat the information supplied report is true and accurate a ustee empowered to execute General	with this filing does not qua and that my signature shall this report as required by Partner: Mora	lify for the exe have the sam Chapter 620, In Manac	emption stated in Se le legal effect as if n Florida Statutes gement, Ind	iction 119.07(3)(i) nade under oath, C •	, Florida Statutes. that I am a Genera	I further certify al Partner of the	that the information imited partnership	

Donald E. Moran

14 Nac. OS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER