2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE:

Apr 27, 2005 08:00 AM Secretary of State **DOCUMENT # A97000002747** Entity Name HORSE'S HEAD, LTD. Mailing Address Principal Place of Business 3399 PGA BLVD., SUITE 260 3399 PGA BLVD., SUITE 260 PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012005 CR2E003 (10/03) Chg-LP Applied For City & State City & State 4. FEI Number 59-3493177 Not Applicat Ζip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STONE, HELEN E Street Address (P.O. Box Number is Not Acceptable) 3399 PGA BLVD., SUITE 260 PALM BEACH GARDENS, FL 33410 Zip Code City 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 title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$504,000,00 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. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 12, P97000106144 DOCUMENT # STREET ADDRESS HORSE'S HEAD, INC. NAME STREET ADDRESS 3399 PGA BLVD., SUITE 260 CITY-ST-ZIP CITY-ST-7IP PALM BEACH GARDENS, FL 33410 DOCUMENT # STREET ADDRESS NAME UUUUUU33646U STREET ADDRESS CITY-ST-ZIP 04/27/05-80125-016 526.25 CITY-ST-7JF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-7P 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 CITY-ST-ZIP 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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

4-11-05

FILED