2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

Apr 26, 2005 08:00 AM **DOCUMENT # A97000002776 Secretary of State** BARRINEAU ESTATE, LTD. Mailing Address Principal Place of Business **5775 BARRINEAU LANE 5775 BARRINEAU LANE** MOLINO, FL 32577 MOLINO, FL 32577 2. Principal Place of Business 3. Maing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032005 CR2E003 (10/03) Chg-LP City & State Applied For City & State 4. FEI Number 59-3518357 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent MACKAY, WILLIAM R Street Address (P.O. Box Number is Not Acceptable) **5775 BARRINEAU LANE** MOLINO, FL 32577 City Zip Code The above named epity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent. KMacka 9. Capital Contributions 10. Amount of Capital Contributions \$1,012,634.28 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 ADDRESS CHANGES ONLY 12. DOCUMENT # P97000106026 STREET ADDRESS BARRINEAU ESTATE, INC. NAME STREET ADDRESS 5775 BARRINEAU LANE CITY-ST-ZIF CITY-ST-ZIP MOLINO, FL 32577 U00000331256 26205-80007-021 DOCUMENT # STREET ADDRESS NAME 526, 25 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS HAVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZP CITY-ST-7IP DOCUMENT # STREET ADDRESS HAME STREET ADDRESS CITY-ST-2IP CATTY - SEE - ZAP DOCUMENT # STREET ADDRESS NAME. STREET ADDRESS CITY-ST-ZIP CTTY-ST-28 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(t). 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.

FILED

SIGNATURE: Welliam R. Markey 4-11-05 856-587-575.
SIGNATURE AND TYPED ON PRINTED HAME OF SIGNAIG SENDING MEDITAL PARTINER Date Days The Proper 8