2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

SIGNATURE:

Apr 27, 2005 08:00 AM Secretary of State DOCUMENT # A97000002937 1. Entity Name JORDAN SEASIDE LIMITED PARTNERSHIP Principal Place of Business Mailing Address 14 CREST PLACE MILFORD CT 06460 14 CREST PLACE MILFORD CT 06460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) Applied For City & State City & State 4. FEI Number 06-1502350 Not Applicate Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OLIVE, CAROLYN D 2039 CENTRE POINTE BLVD., SUITE 201 TALLAHASSEE FL 32301 Street Address (P.O. Box Number is Not Acceptable) City Zip Code FL 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, 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE Signature, hyperd or printed name of registered agent and title if applicable See Block 11 instructions for fee into. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,000,000,00 as Shown on record. 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 INFORMATION ADDRESS CHANGES ONLY 13 DOCUMENT # P97000108771 STREET ADDRESS JORDAN SEASIDE CORPORATION STREET ADDRESS 14 CREST PLACE CITY-ST-7IP GUY-SUZE MILFORD CT 06460 DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP DOCUMENT # 04/27/05-80001-008 526.25 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-7/P STAPLE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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

FILED

18 Pres Date Day Prose #