

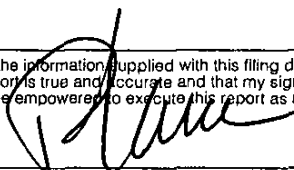


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR -8 AM 8:19

<b>DOCUMENT # A98000000249</b> 1. Entity Name <b>ORLANDO BUS, LTD.</b>					
Principal Place of Business <b>8505 W. IRLO BRONSON MEMORIAL KISSIMMEE, FL 34747</b>			Mailing Address <b>8505 W. IRLO BRONSON MEMORIAL KISSIMMEE, FL 34747</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>59-3488019</b> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LOWER, BRIAN T ESQ. 8505 WEST IRLO BRONSON MEMORIAL HIGHWAY KISSIMMEE, FL 34747</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$1,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P02000122837 LANDSAILOR, INC. 3236 RIVER BRANCH CIRCLE KISSIMMEE, FL 34741</b>		STREET ADDRESS  CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P02000012549 RCA GROUP, INC. 2616 COBALT CT. ORLANDO, FL 32837</b>		STREET ADDRESS  CITY - ST - ZIP	<b>400018440524</b> <b>03/15/05--01027--005 **150.00</b>	
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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
<b>SIGNATURE:</b>  <b>Pete Kane, President 3/3/05 407.239.0000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE



**ORANGE LAKE**  
Resort & Country Club

March 7, 2005

VIA DHL

Division of Corporation  
490 East Gaines Street  
Tallahassee, FL 32399

To Whom it May Concern:

Enclosed you will find Uniform Business Reports and corresponding checks for Orlando Bus, LTD.

If you require further information I can be contacted at 407.905.1904.

Sincerely,

Shanna Hoskins  
Legal Assistant

Encl.