2005 LIMITED PARTNERSHIP ANNUAL REPORT

FILED **Due By May 1, 2005** Feb 15, 2005 08:00 AM DOCUMENT # A98000000719 **Secretary of State** 1. Entity Name VISION FAMILY TRUST, LTD. Principal Place of Business Mailing Address 7418 WESTMORELAND DRIVE 7418 WESTMORELAND DRIVE SARASOTA, FL 34243 SARASOTA, FL 34243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 01052005 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 65-0823001 Not Applicable Zip Country 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 BOWMAN, DAVID G SR. Street Address (P.O. Box Number is Not Acceptable) 22 S. TUTTLE AVENUE, SUITE 3 SARASOTA, FL 34237 City Zip Code 3. 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 10. Amount of Capital Contributions 9. Capital Contributions 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. \$5,940,000.00 GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. P98000023443 DOCUMENT # STREET ADDRESS VISION FAMILY MANAGEMENT, INC. NAME STREET ADDRESS 7418 WESTMORELAND DRIVE U00000229994 CITY-ST-7IP CITY-ST-ZIP SARASOTA, FL 34243 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 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY - ST - ZIP 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

EVGENE 4. BECKSTEIN

STREET ADDRESS

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NAME STREET ADDRESS