

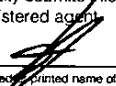


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

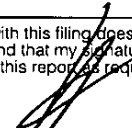
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # A98000000949 1. Entity Name AMERICAN FEDERAL PROPERTIES, LTD.					
Principal Place of Business 1 SLEIMAN PARKWAY, SUITE 280 JACKSONVILLE, FL 32216			Mailing Address 1 SLEIMAN PARKWAY, SUITE 280 JACKSONVILLE, FL 32216		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02082005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 59-3467205	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SMITH, BERNARD E 1 SLEIMAN PARKWAY, SUITE 280 JACKSONVILLE, FL 32216				7. Name and Address of New Registered Agent Name Peter D. Sleiman Street Address (P.O. Box Number is Not Acceptable) 1 Sleiman Parkway Suite 270 City Jacksonville FL Zip Code 32216	
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 		Peter D. Sleiman		1-19-05 <small>DATE</small>	
9. Capital Contributions as Shown on record. \$100.00		10. Amount of Capital Contributions 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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P95000057608		STREET ADDRESS		
NAME	AMERICAN FEDERAL PROPERTIES, INC.		CITY-ST-ZIP		
STREET ADDRESS	1 SLEIMAN PARKWAY, SUITE 280		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
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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.

SIGNATURE: 

Peter D. Sleiman

1/19/05

904/731-8806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #