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

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SIGNATURE: 3

Apr 18, 2005 08:00 AM Secretary of State DOCUMENT # A98000001114 1. Entity Name THE TURLEY FAMILY PARTNERSHIP, LTD. Mailing Address Principal Place of Business 1465 S. FORT HARRISON AVENUE, SUITE 2 1465 S. FORT HARRISON AVENUE, SUITE 2 CLEARWATER FL 33756 CLEARWATER FL 33756 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 59-3519571 Not Applicable Zlp Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NYP, TINA 1465 S. FORT HARRISON AVENUE, SUITE 201 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 33756** Zip Code 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 See Block 11 instructions for fee info. nome of register agent and little if applicable Signatura, typed 9. Capital Contributions 10. Amount of Capital Contributions \$20,000,000.00 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. 13. DOCUMENT # P97000080224 STREET ADDRESS NAME BEAR TREE, INC. 1465 S. FORT HARRISON AVENUE, SUITE 201 STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33756 CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME 900000315<u>1</u>21 STREET ADDRESS 04/19/05-80021-015 526.25 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 ADDRESS NAME STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP **DOCUMENT #** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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

4/4/05

727-443-4828

Daytime Phone #

Stewart Turley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED