2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

DOCUMENT # A98000001218

1. Entity Name
THE DE POO LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG -5 AM 9:04

Principal Place of Business	Mailing Address
2932 STAPLE AVENUE KEY WEST, FL 33040	2932 STAPLE AVENUE KEY WEST, FL 33040

07202005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0835827 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUTTENMACHER, EDWARD P 2600 SOUTH DOUGLAS ROAD, PH-8 CORAL GABLES, FL 33134	Name: PAUL dePOO Street Address (P.O. Box Number is Not Acceptable): 2932 STAPLES AV C/o 1605 CATHERINE ST City: KEY WEST FL Zip Code: 33040

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: Paul dePoo — Signature, typed or printed name of registered agent and title if applicable. DATE: 8/2/05

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	
$1,000,000.00		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 #	P98000034229	STREET ADDRESS	
NAME	MCLEOD REALTY, INC.		
STREET ADDRESS	2932 STAPLES AVENUE	CITY-ST-ZIP	
CITY-ST-ZIP	KEY WEST, FL 33040		
DOCUMENT #		STREET ADDRESS	800005335618 08/12/05--01062--003 **926.26
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Paul dePoo — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 8/2/05 Daytime Phone #: (305) 294-5213