2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE: _

FILEU DOCUMENT # A9800001838 SECRETARY OF STATE DIVISION OF CORPORATIONS THE BUONAURO FAMILY LIMITED PARTNERSHIP 05 MAR 10 AM 10: 23 Principal Place of Business Mailing Address 2801 EAST IRLO BRONSON HIGHWAY 24 PINE STREET KISSIMMEE, FL 34744 WINDERMERE, FL 34786 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02242005 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 59-3537309 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BUONAURO, FRANK A JR. 1 Street Address (P.O. Box Number is Not Acceptable) 24 PINE STREET WINDERMERE, FL 34786 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions \$233,061.00 as Shown on record. 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS BUONAURO, FRANK A JR. NAME STREET ADDRESS 24 PINE ST. 100048862**70**1 /22/05--01041--022 *** CITY-ST-ZIP WINDERMERE, FL 34786 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME BUONAURO, JUDITH V STREET ADDRESS 24 PINE ST CITY-ST-ZIP CITY-ST-ZIP WINDERMERE, FL 34786 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP 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 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 the time 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 employeded to execute this report as required by Chapter 620, Florida Statutes

tRANK A DUONALADO JR- 3-7-05