2005 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2005**

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SIGNATURE:

DOCUMENT # A98000001938 05 APR 19 PM 1:44 PLACE VENDOME, LTD. SECRETARY OF STATE TALLAMASSIE, FLORIDA Principal Place of Business Mailing Address 11900 BISCAYNE BLVD., SUITE 262 11900 BISCAYNE BLVD., SUITE 262 NORTH MIAMI, FL 33181 NORTH MIAMI, FL 33181 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112005 CR2E003 (10/03) Chg-LP City & State City & State 4. FEI Number Applied For 65-0857897 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREEN, PATRICIA K Street Address (P.O. Box Number is Not Acceptable) 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130 Zip Code City 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 \$1,899,620.00 in FLORIDA to date. \$ 161578 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. A98000000991 DOCUMENT # STREET ADDRESS CASTLE ONE, LTD. NAME STREET ADDRESS 12250 BISCAYNE BLVD., SUITE 215 CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI, FL 33181 DOCUMENT # F00000000590 STREET ADDRESS YESTERDAY, TODAY, TOMORROW, INC. NAME 400054307374 STREET ADDRESS 6670 LAREDO STREET CITY-ST-ZIP 05/12/05--01008--009 **256.80 CITY-ST-ZIP LAKE CHARLES, LA 70607 DOCUMENT # STREET ADDRESS STREET ADDRESS <u>400054307374</u> 05/12/05=01008_010_**2 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME * STREET ADDRESS 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)(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 fequired by Chapter 620, Florida Statutes

ED OR PRINTED NAME OF SIGNING GENERAL PARTNER