2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PAR

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A98000002250** 05 MAR 21 AM 10: 42 RAINTREE OF LAKE COUNTY LTD Principal Place of Business Mailing Address 20725 SW 46TH AVENUE **20725 SW 46TH AVENUE** NEWBERRY, FL 32669 NEWBERRY, FL 32669 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 62-1757849 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVIS, NORITA V 20721 SW 46TH AVENUE NEWBERRY, FL 32669 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 agen Signature, typed or print 10. Amount of Capital Contributions 9. Capital Contributions \$7,781,953,00 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 filled to change a general partner. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13. A95000000823 DOCUMENT # STREET ADDRESS NAME DAVIS HERITAGE LTD. STREET ADDRESS 20725 S.W. 46TH AVENUE CITY-ST-7IP CITY - ST - ZIP NEWBERRY, FL 32608 700049241417 03/28/05--01009--026 **526.25 DOCUMENT # STREET ADDRESS DAVIS, STEFAN M TRUSTEE STREET ADDRESS 20725 S.W. 46TH AVENUE CITY-ST-ZIP CITY-ST-ZIP NEWBERRY, FL 32608 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 A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes