2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

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| Due By May 1, 2005   |   |  |          |   |   |  |  |   |  |
|--|---|--|----------|---|---|--|--|---|--|
| DOCUMENT # A98000002272  1. Entity Name THE BEAR ON JOG, LTD.  |   |  |          |   | 2005 APR 14 PM 1: 12  SECRETARY OF STATE TALLAHASSEE, FLORIDA |  |  |   |  |
| Principal Place of Business 600 SANDTREE DR. SUITE 109 PALM BEACH GARDENS, FL 33403  |   | Mailing Address<br>600 SANDTREE DR.<br>SUITE 109<br>PALM BEACH GARDENS, FL 334 |          | 403   |   |  | faiii 88112 Jifi8 Jibi                   | 40010 NEWER DI JESU                       |  |
| 2. Principal Place of Business<br>2295 NW Corporate Blvd   |   | 3. Mailing Address<br>2295 Corporate Bl  |          | Blvd. N   | w   |  |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.<br>138   |          |   | 01202005  | Chg-LP                                       | , CR2E003 (1                             | 0/03)                                     |  |
| City & State Boca Raton, FL  |   | City & State<br>Boca Raton, FI   |          |   | 4. FEI Number<br>65-0869621                                   |  |  | Applied For<br>Not Applicable             |  |
| Zip 334  |   | <sup>Zip</sup> 33431   | Count    | ŠA  | 5. Certificate of   |  | Fee FI                                   | 5 Additional lequired                     |  |
|  | 6. Name and Address of Current R  | egistered Agent  |          | -<br>N  | 7. Name and A   | diress of New Re                             | gistered Agent                           |   |  |
| MCDONALD, DONNA<br>C/O CAPITAL REALITY ADVISORS, INC<br>600 SANDTREE DRIVE, STE. 109<br>PALM BEACH GARDENS, FL 33403   |   |  |          | Name Donald White Street Address (P.O. Box Number is Not Acceptable)  2295 NW Corporate Blvd Ste. 138 |   |  |  |   |  |
| 1  |   |  |          | City Boca   | Raton   |  | · ·                                      | ip Code<br>3 3 4 3 1                      |  |
| The above named entity submits this statement for the purpose of changing its registered agent.  SIGNATURE  Signature, specior printed name of postered agent and title if applicable. |   |  |          | d office or registere   | ed agent, or both,  | in the State of Flori                        | 1 am familia<br>1505                     | r with, and accept                        |  |
| Capital Contributions as Shown on record.     \$10,000.00     To. Amount of Capital Contributions in FLORIDA to date.  |   |  |          |   |   |  |  |   |  |
|  | A GENERAL PARTNER TH  | IAT IS A BUSINESS ENT  | TTY ML   | JST BE REGIST   | ERED AND AC   | TIVE WITH THIS                               | S OFFICE.                                |   |  |
| 12.  | NOTE: General Partners MAY  |  |          | an amendmen   | t must be filed   |  |  | 7.7                                       |  |
| DOCUMENT #   | GENERAL PARTNER P98000084039  | INFORMATION  | 13.      |   |   | ADDRESS CHAI                                 | NGES ONLY                                |   |  |
| NAME   |   |  | STREE    | T ADDRESS   |   |  |  |   |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 398 NE 6TH AVE. DELRAY BEACH, FL 33483  |  | CITY-    | -ST-ZIP 7000541<br>   |   |  | <br>040027                               |   |  |
| DOCUMENT /<br>NAME   |   |  | STREE    | T ADDRESS   | <del>- 05/09</del> /  | <del>'0501018</del>                          | <del>}003 *</del>                        | <del>*158. 75</del>                       |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |  | CITY-S   | ST-ZIP  | <del></del>   |  |  |   |  |
| DOCUMENT #<br>NAME   |   |  | STREE    | T AODRESS   |   |  | ·····                                    |   |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |  | CITY-S   | ST- ZIP   |   | _  |  |   |  |
| DOCUMENT #<br>NAME   | _   |  | STREET   | T ADDRESS   |   |  |  |   |  |
| STREET ADDRESS<br>CITY+ST-ZIP  |   |  | CITY-S   | ST-ZIP  |   |  |  |   |  |
| DOCUMENT /<br>NAME   |   | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>                                   | STREET   | T ADDRESS   |   |  |  |   |  |
| STREET PODRESS<br>CITY-ST-ZIP  |   |  | CITY-S   | ST-ZIP  |   | <del></del>                                  |  |   |  |
| DOCUMENT#  |   |  | STREET   | T ADORESS   |   |  |  |   |  |
| STREET ADDRESS CITY-ST-ZIP   |   |  | CITY-S   | ST-ZIP  |   |  |  | <del></del>                               |  |
| indicated  | ertify that the information supplied with the on this report is true and accurate and the or or trustee empowered to execute this | iat my signature shall have th   | e same l | legal effect as if ma   | ction 119.07(3)(i), Fade under oath; th                       | Florida Statutes. I f<br>at I am a General I | urther certify tha<br>Partner of the lim | t the information<br>nited partnership or |  |