SECRETARY OF STATE 2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005 DOCUMENT # A98000002439 STP REDEVELOPMENT, LTD. Principal Place of Business Mailing Address **5858 CENTRAL AVENUE** % THE SEMBLER COMPANY P.O. BOX 41847 ST. PETERSBURG, FL 33707 ST. PETERSBURG, FL 33743-1847 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092005 Chg-LP CR2E003 (10/03) City & State 4. FEI Number City & State Applied For 59-3541501 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHER, CRAIG Street Address (P.O. Box Number is Not Acceptable) **5858 CENTRAL AVENUE** ST. PETERSBURG, FL 33707 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 \$1,843,989,00 in FLORIDA to date. 514, 441.15

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. as Shown on record. 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. DOCUMENT # P98000088453 STREET ADDRESS NAME STP REDEVELOPMENT, INC. STREET ADDRESS 5858 CENTRAL AVENUE CITY-ST-7IP CITY-ST-ZIP ST. PETERSBURG, FL 33707 DOCUMENT # STREET ADDRESS NAME - 300054747513 05/18/05--01057--020 **535.00 STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST. 7IP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT (STREET ADDRESS STAPLE CHECK NAME STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP 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 not 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER VICE- PRESIDENT