2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

## FILED Apr 18, 2005 08:00 AM Secretary of State

Mailing Address   Side   Sid	DOCUMENT # A98000002482  1. Entity Name TWS INVESTMENTS, LTD.					Se	ecretary of State	
Subs. Apt. 8; etc.    Subs. Apt. 6; etc.   City & State   City &	300 S.E. 2ND STREET 300 S.E. 2ND STREET							
City & State    City & State   City & State   A. If El Number   A. Depoiled For   Not Apopticable	Principal Place of Business 3. Mailing Address							
Type Country Zip Country Zip Country Span Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name 2. Name	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01042005 Chg-LP	CR2E003 (10/03)		
S. Name and Address of Current Registered Agent  JONES, PATRICIA C/O STILES CORPORATION 300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301  City FL ZD Code  8. The above named entity subfinitis this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am semillar with, and accept the obligations of registered agent.  SIGNATURE Signature yours or entity subfinitis this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am semillar with, and accept the obligations of registered agent.  SIGNATURE Signature yours or entity subfinitis this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am semillar with, and accept the obligations of registered agent.  SIGNATURE  9. Ceptala Correbutions Signature  1. A GENERAL PARTIER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  TOTAL PROPRIES OF THIS INC.  SIRRET AURIES  1. A DORESS CHANGES ONLY  PRODOCOSSIST  1. YOUR STATES ONLY  PRODOCOSSIST  1. YOUR STATES ONLY  1. SIRRET AURIESS  CITY-ST-2P  DOCUMENT I MAKE  SIRRET AURIESS  CITY-ST-2P  CITY-ST-	City & State		City & State			1	<del></del>	
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ET. LAUDERDALE, FL 33301  City FL Zip Code  8. The above named critity subfirits this statement for the purpose of changing its registered office or registered agent, or both. In the State of Florida. It am familiar with, and accept the obligations of registered agent.  SIGNATURE  9. Capital Contributions as Shown on record.  9. Capital Contributions as Shown on record.  53,025,402.00  10. Amount of Capital Contributions in PLORIDA to dele.  53,025,402.00  10. Amount of Capital Contributions in PLORIDA to dele.  53,025,402.00  10. Amount of Capital Contributions in PLORIDA to dele.  50,025,402.00  10. Amount of Capital Contributions in PLORIDA to dele.  53,025,402.00  10. Amount of Capital Contributions in PLORIDA to dele.  50,025,402.00  10. Amount of Capital Contributions in PLORIDA to dele.  50,025,402.00  10. Amount of Capital Contributions in PLORIDA to dele.  50,025,402.00  10. Amount of Capital Contributions in PLORIDA to dele.  53,025,402.00  10. Amount of Capital Contributions in PLORIDA to dele.  50,025,402.00  10. Amount of Capital Contributions in PLORIDA to dele.  50,025,402.00  10. Amount of Capital Contributions in PLORIDA to dele.  53,025,402.00  10. Amount of Capital Contributions in PLORIDA to dele.  53,025,402.00  10. Amount of Capital Contributions in PLORIDA to dele.  50,025,402.00  10. Amount of Capital Contributions in PLORIDA to dele.  50,025,402.00  10. Amount of Capital Contributions in PLORIDA to dele.  50,025,402.00  10. Amount of Capital Contributions in PLORIDA to dele.  50,025,402.00  10. Amount of Capital Contributions in PLORIDA to dele.  50,025,402.00  10. Amount of Capital Contributions in PLORIDA to dele.  50,025,402.00  10. Amount of Capital Contributions in PLORIDA to dele.  50,025,402.00  10. Amount of Capital Contributions in PLORIDA to dele.  50,025,402.00  10. Amount of Capital Contributions in PLORIDA to dele.  50,025,402.00  10. Amount of Capital Contributions in PLORIDA to dele.  50,025,402.00  10. Amount of Capital Contributions in PLORIDA to dele.  50,025,402.00  1	C/O STILE	S CORPORATION	_					
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	l	certify that the information supplied will on this report is true and accurate an ver or trustee empowered to execute	ith this filling does not qualify and that my signature snall have this report as required by the	for the exercise the sam apter 620,	eniption stated in Se le legal effect as if n Florida Statutes	ection 119.07(3)(i), Fiorida Statutes nade under oath; that I am a Gene	. I further certify that the information ral Partner of the limited partnership or	