
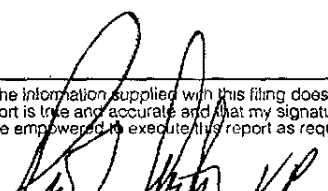


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000002508							
1. Entity Name 9500 BUILDING, LTD.							
Principal Place of Business 2020 KING AIR COURT PORT ORANGE, FL 32128-6931			Mailing Address 2020 KING AIR COURT PORT ORANGE, FL 32128-6931				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	01142005 Chg-LP CR2E003 (10/03)			
4. FEI Number 65-0879455			<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable				
5. Certificate of Status Desired			<input type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
9500 BUILDING, INC. 2020 KING AIR COURT PORT ORANGE, FL 32128-6931			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable.</small>							
9. Capital Contributions as Shown on record. \$300,000.00		10. Amount of Capital Contributions in FLORIDA to date.					
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.							
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY				
DOCUMENT #	P98000092908		STREET ADDRESS				
NAME	9500 BUILDING, INC.		CITY - ST - ZIP				
STREET ADDRESS	2020 KING AIR COURT			U00000136525 01/26/05-80072-018-526.25			
CITY - ST - ZIP	DAYTONA BEACH, FL 32128						
DOCUMENT #			STREET ADDRESS				
NAME			CITY - ST - ZIP				
STREET ADDRESS							
CITY - ST - ZIP							
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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 required by Chapter 620, Florida Statutes							
SIGNATURE: 			Peter T. Austen, VP 1-20-2005 386-761-1882				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date _____ Daytime Phone # _____				

STAPLE CHECK HERE