

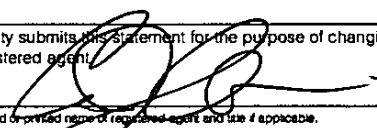
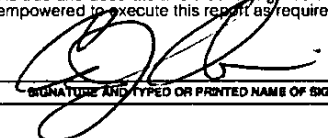


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 30 AM 9:46

| | | | | | |
|---|-----------------------------|---|---|--|--|
| DOCUMENT # A98000002551 1. Entity Name KLEIMAN SANDSPUR HOLDINGS, LTD. | | | |  | |
| Principal Place of Business 130 NORTH PRSING LAKE DRIVE ALTAMONTE SPRINGS, FL 32714 | | | Mailing Address 130 NORTH PRSING LAKE DRIVE ALTAMONTE SPRINGS, FL 32714 | | |
| 2. Principal Place of Business <i>SP</i> 130 N. Spring Lake Dr. | | 3. Mailing Address <i>SP</i> 130 N. Spring Lake Dr. | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03262005 Chg-LP CR2E003 (10/03) | |
| City & State | | City & State | | 4. FEI Number 59-3540918 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KLEIMAN, EDWARD J 130 NORTH PRSING LAKE DRIVE ALTAMONTE SPRINGS, FL 32714 | | | | 7. Name and Address of New Registered Agent 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 3/25/05 | | | | | |
| 9. Capital Contributions as Shown on record. \$5,970,004.00 | | 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 # | NAME | | STREET ADDRESS | <i>SP</i> 130 N. Spring Lake Dr | |
| NAME | KLEIMAN, EDWARD J | | CITY-ST-ZIP | | |
| STREET ADDRESS | 130 NORTH PRSING LAKE DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS, FL 32714 | | CITY-ST-ZIP | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | STREET ADDRESS | 200050035433 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | 04/06/05--01056--022 **526.25 | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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:  | | | DATE: 3/25/05 (407) 741-8600 | | |

STAPLE CHECK HERE