## 2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

DOE BY MIAT 1, 2003				
DOCUMENT # A9900000048  1. Entity Name				SECRETARY OF STATE
GRACELAND & ASSOCIATES, LTD.				DIVISION OF CORPORATIONS
Principal Plac	e of Business	Mailing Address		05 FEB 28 AM 11: 33
10480 SW 1 MIAMI FL 33		10480 SW 138 ST. MIAMI FL 33176		
2. Principal P	Face of Business	3. Mailing Address 37 46 0 0 Suite, Apt. #, etc.	18 <sup>4</sup> Con	1ST MOORE CR2E003 (10/04)
City & State	ore Pines, FL	Pembore?	nes, Fl	4. FEI Number 65-0892778 Applied For Not Applicable
Zip 3302P Country Zip 3302P Country S A 3302P Co			J. Z. A	5. Certificate of Status Desired \$8.75 Additional Fee Required  7. Name and Address of New Registered Agent
GO	- Actorda , relati			
GONZALEZ, ORLANDO A 10480 SW 138 STREET MIAMI FL 33176  Street Address (P.O. Box)				ss (P.O. Box Number is Not Acceptable)
13746 N. 18 COULT				
rembiote kinel FL 33028				
8. The above named entity submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida: Lam familiar with, and accept the obligations of registered agent.  11. FILE: NOW!!! Due by May 1 / 2005				
SIGNATURE Signature, typed or printed name of egistered agent and title 1 applicable  DATE  See Black 11 instructions for 189 info.				
9. Capital Contributions as Shown on record. \$300,000.00 in FLORIDA to date.				
A GÉNERAL 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	P96000072385 GRAGON, INC.		STREET ADDRESS	3746 NW 12 10017
CITY-ST-ZIP	10480 SW 138 ST. MIAMI FL 33176	<u></u>	CITY-ST-ZIP	Pemblote Pines, FL 33022
DOCUMENT # NAME			STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-SI-ZIP	
DOCUMENT # NAME			STREET ADDRESS	900047876039 
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	200
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DOCUMENT #			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: 2/25/05 (786)200-6759				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING SENERAL PARTINER Date Disjurno Phone #				