
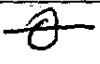
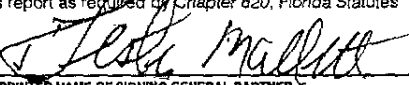


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000000178					
1. Entity Name ROGERS & MALLETT LTD.					
Principal Place of Business 5703 MAIN STREET NEW PORT RICHEY, FL 34652			Mailing Address 5703 MAIN STREET NEW PORT RICHEY, FL 34652		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3633195	
Zip		Country		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		
MALLETT, LESTER 5703 MAIN STREET NEW PORT RICHEY, FL 34652			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 title if applicable</small>					
9. Capital Contributions as Shown on record. \$2,000,000.00			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 # NAME STREET ADDRESS CITY-ST-ZIP	ROGERS, ALTON D TRUSTEE 5703 MAIN STREET NEW PORT RICHEY, FL 34652		STREET ADDRESS CITY-ST-ZIP	U00000036E026 05/11/05-80026-014 141.25	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MALLETT, LESTER TRUSTEE 5703 MAIN STREET NEW PORT RICHEY, FL 34652		STREET ADDRESS CITY-ST-ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lester Mallett 			04/27/05 (727)847-2100		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE