

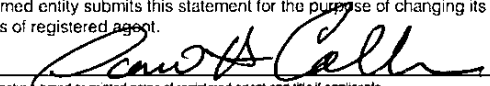
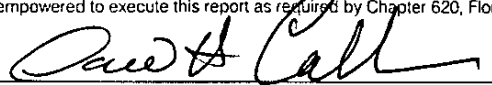


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 7, 2005**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 05 AUG -4 AM 8:53

<b>DOCUMENT # A99000000220</b> 1. Entity Name GRAY STREET PARTNERS, LTD.					
Principal Place of Business 111 WEST FORTUNE STREET TAMPA, FL 33602			Mailing Address 111 WEST FORTUNE STREET TAMPA, FL 33602		
2. Principal Place of Business 8870 N. Himes Ave #238		3. Mailing Address 8870 N. Himes Ave #238			
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite, Apt. #, etc.		07252005 Chg-LP CR2E003 (10/03)	
City & State TAMPA FL		City & State TAMPA FL		4. FEI Number 59-3555470	
Zip 33614		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALLEN, DAVID H 111 WEST FORTUNE STREET TAMPA, FL 33602			7. Name and Address of New Registered Agent Name: DAVID Callen Street Address (P.O. Box Number is Not Acceptable) 8870 N. Himes Ave #238 City: TAMPA FL Zip Code: 33614		
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: 7-25-05					
9. Capital Contributions as Shown on record. \$10,000.00		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # S02723 NAME TERRA REALTY ADVISORS, INC. STREET ADDRESS 111 WEST FORTUNE STREET CITY-ST-ZIP TAMPA, FL 33602			STREET ADDRESS 8870 N. Himes Ave #242 CITY-ST-ZIP TAMPA, FLORIDA		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			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:  DATE: 7-25-05 813-220-8586					

STAPLE CHECK HERE