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

SIGNATURE:

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## FILED Apr 09, 2005 08:00 AM Secretary of State DOCUMENT # A99000000319 1. Entity Name NASHUA INVESTMENTS, LTD. Principal Place of Business Mailing Address 1001 E. LAS OLAS BLVD. P.O. BOX 030248 FT. LAUDERDALE FL 33303 FORT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) 4. FEI Number Applied For City & State City & State 65-0898601 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NASHUA INVESTMENT CO. 1001 EAST LAS OLAS BOULEVARD, SUITE 200 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33301 Zip Code FL 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. 11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info. Signature, lypnd or printed name of registered agent and title if applicable DATE 10. Amount of Capital Contributions 9. Capital Contributions \$2,501,000.00 in FLORIDA to date. 2501 ,000. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # P99000018988 STREET ADDRESS NASHUA INVESTMENT CO. NAME 1001 EAST LAS OLAS BOULEVARD, SUITE 200 STREET ADDRESS 04/09/05-80009-004 526.25 CITY-ST-7JP CITY-ST ZIP FORT LAUDERDALE FL 33301 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-70P CiTY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST-7(P CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREE\*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 andicated 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

SIGNING GENERAL PARTNER