2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED Feb 15, 2005 08:00 AM Secretary of State

1. Entity Name	MENT # A9900000)946			Secretary of Sta	
Principal Place 301 N.W. AVE BELLE GLADE	NUE C	Mailing Address 301 N.W. AVENUE C BELLE GLADE, FL 334	430			
2. Principal Pl	ace of Business	3. Mailing Address				
Suite, Apt	#, etc.	Suite, Apt #, etc.			01252005 Chg-LP CR2E003 (10/03)	
City & State		City & State	,	_	4. FEI Number Applied F 65-0926428 Not Appli	
Žip	Country	Zip	Coun	itry	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent .		Name	7. Name and Address of New Registered Agent	
LUTZ, KENNETH E JR. 301 N.W. AVENUE C BELLE GLADE, FL 33430				Street Address ((P.O. Box Number is Not Acceptable)	
J1201 04	24,12 00 100			City	FL Zip Code	
	named entity submits this statement ions of registered agent.	or the purpose of changing it	s register	ed office or register	ered agent, or both, in the State of Florida I am familiar with, and a	ccept
SIGNATURE -	Signature, typed or cristed name of registered ager	t and title if applicable.		· ·	DATE	–
9. Capital Co as Shown i	on record. \$1,527,750.00	10. Amount of Capi in FLORIDA to o	-) L	outions .527.750.(.00	-
	A GENERAL PARTNER	THAT IS A BUSINESS EI	NTITY M	UST BE REGIS	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12.	GENERAL PARTNE		13.		ADDRESS CHANGES ONLY	
DOCUMENT # HAME STREET ADDRESS	LUTZ, KENNETH E JR. 301 N.W. AVENUE C		1	EET ADDRESS	000000230084 02/15/05-80028-002 526, 25	
DOCUMENT #	BELLE GLADE, FL 33430				02715705-80028-002 526.25	
NAME STREET ADDRESS	MORSE, BEVERLY ANN 301 N.W. AVENUE C	•		EET ADDRESS		<u> </u>
DOCUMENT #	BELLE GLADE, FL 33430	<u> </u>		EET ADDRESS		
HAME STREET ADDRESS CITY+ST-ZIP	BENNE, KAYE V 301 N.W. ĀVENUE C BELLE GLĀDE, FL 33430	· · · · · · · · · · · · · · · · · · ·	сту	'- ST- 7IP		·
DOCUMENT #			STR	EET ADDRESS		·· · .==
STREET ADDRESS CITY - ST - ZIP			CITY	r-ST-ZIP		
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CITY-ST-ZIP		<u> </u>		(-S1-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP			1	EET ADDRESS (-ST-ZIP		
	pertify that the information supplied with on this report is true and accurate an err or trustee empowered to execute the supplied with th		or the exe e the sam pter 620,	emption stated in So le legal effect as if i Florida Statutes	Section 119.07(3)(i), Florida Stalutes. I further certify that the informal finade under cath; that I am a General Partner of the limited partner	ation ship