2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE:3

May 24, 2005 08:00 AM Secretary of State DOCUMENT # A99000000967 1. Entity Name COCONUT NORTH PROPERTIES, LTD. Mailing Address Principal Place of Business 28341 S. TAMIAMI TRAIL, SUITE 1 28341 S. TAMIAMI TRAIL, SUITE 1 BONITA SPRINGS, FL 34134 **BONITA SPRINGS, FL 34134** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt #, etc. 03112005 Chg-LP CR2E003 (10/03) Applied For City & State 4. FEI Number City & State 59-3582712 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WRIGHT, CHRISTING F Street Address (P.O. Box Number is Not Acceptable) 4427 S.E. 16TH PLACE, #2 CAPE CORAL, FL 33904 City 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 5 Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions \$1,780,000.00 as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13. DOCUMENT # L99000003432 STREET ADDRESS COCONUT NORTH MANAGEMENT, L.L.C. NAME STREET ADDRESS 28341 S. TAMIAMI TRAIL, SUITE 1 CITY-ST-ZIP BONITA SPRINGS, FL 34134 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 2-008 S26.25 CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME. STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DUCUMENT # STREET ADDRESS MAME REET ADDRESS CITY-ST-ZIP G¥-ST*ZIP DOCUMENT # STREET ADDRESS NAME . STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this tiling 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

OR RENTED NAME OF SIGNING GENERAL PARTNER

FILED