2005 LIMITED PARTNERSHIP ANNUAL REPURT Due By May 1, 2005

DOCUMENT # A99000001084 FILED Apr 18, 2005 08:00 AM SOUTH SEBRING S.C., LTD. Secretary of State Principal Place of Business Mailing Address C/O SOUTHERN MANAGEMENT & DEVELOPMENT, LP P.O. BOX 11229 21301 POWERLINE ROAD, SUITE 312 KNOXVILLE, TN 37939 BOCA RATON, FL 33433 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02252005 CR2E003 (10/03) Cha-LP Applied For City & State City & State 4. FEI Number 65-0933273 Not Applicable Zip Country 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 BLALOCK, LANDERS, WALTERS & VOGLER, P.A. Street Address (P.O. Box Number is Not Acceptable) **802 11TH STREET WEST** BRADENTON, FL 34205 City Zip Code \$. 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 Signature, typod or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,500,000.00 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT 4 G66829 STREET ADDRESS NAME TAMNOR CORPORATION STREET ADDRESS **5410 HOMBERG DRIVE** CITY-ST-7IP CITY-ST-ZIP KNOXVILLE, TN 37919 DOCUMENT# STREET ADDRESS NORTAM CORPORATION NAME STREET ADDRESS **5410 HOMBERG DRIVE** CITY-ST-ZIP CITY-ST-ZIP KNOXVILLE, TN 37919 DOCUMENT# 625859 STREET ADDRESS NAME WEST INVESTMENT COMPANY, INC. STREET ADDRESS 21301 POWERLINE ROAD, SUITE 312 CITY-ST-782 CITY-ST-ZIP BOCA RATON, FL 33433 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP DOCUMENT# STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 with that my signature shall have the same legal effect as it 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 AND TYPED ON PRINTED NAME OF SKINNING GENERAL PARTNER

WEST IT WEST MANY Company, Inc. General Partner

SIGNATURE:

Daytime Phone #