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

SIGNATURE:

SIGNATURE AND TO

FILED May 11, 2005 08:00 AM Secretary of State DOCUMENT # A99000001194 1. Entity Name ADAMS INVESTMENTS, LTD. Principal Place of Business Mailing Address P.O. BOX 500790 270 MALABAR RD PALM BAY FL 32907 MALABAR FL 32950. 2, Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) City & State City & State Applied For 4. FEI Number 59-3590400 Not Applicable 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 ADAMS, DIANE A Street Address (P.O. Box Number is Not Acceptable) 2710 ROCKY POINT ROAD MALABAR FL 32950 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. 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE Signature, typad or primad name of registered agent and little if applicable See Block 11 instructions for fee info. DATE 10. Amount of Capital Contributions 9. Capital Contributions \$735,000.00 in FLORIDA to date. 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 13. 12. P99000042539 DOCUMENT # STREET ADDRESS MAYNE INVESTMENTS INC NAME 2710 ROCKY POINT ROAD STREET ADDRESS U00000365684 CHY-ST-ZIP CITY-ST-ZIP MALABAR FL 05/11/05-80011-015 526. DOCUMENT# STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STRFFT ADDRESS CHTY-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)(f), 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

ED OR PRINTED NAME OF SIGNING GENERAL PARTNER