

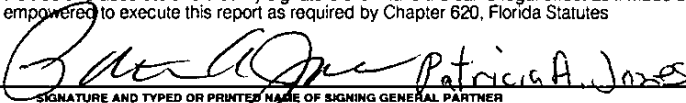


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A99000001218 1. Entity Name NASHVILLE INTERNATIONAL GP, LTD.						2005 MAY -9 P 2:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 300 SE 2ND ST. FORT LAUDERDALE, FL 33301				Mailing Address 300 SE 2ND ST. FORT LAUDERDALE, FL 33301			
2. Principal Place of Business		3. Mailing Address		01042005 Chg-LP CR2E003 (10/03)		4. FEI Number 65-0941811	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State	
City & State		City & State		Zip		Country	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
JONES, PATRICIA 300 SE 2ND ST. C/O STILES CORPORATION FORT LAUDERDALE, FL 33301				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record. \$6,163.75				10. Amount of Capital Contributions in FLORIDA to date. \$7,389.12			
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				13. ADDRESS CHANGES ONLY			
DOCUMENT # P99000066386 NAME NASHVILLE INTERNATIONAL GP, INC. STREET ADDRESS 300 SE 2ND ST. CITY-ST-ZIP FORT LAUDERDALE, FL 33301				STREET ADDRESS CITY-ST-ZIP <div style="text-align: center; font-weight: bold;"> 100054193801 05/10/05--01012--012 **141.25 </div>			
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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 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							
SIGNATURE:  Patricia A. Jones 4/25/05 954/627-9300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>							

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