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2005 MAY -2 P 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A99000001367

1. Entity Name
SPECTRUM COMMUNITY SERVICES, LTD.

Principal Place of Business	Mailing Address
845 PROTON ROAD SAN ANTONIO, TX 78258	845 PROTON ROAD SAN ANTONIO, TX 78258

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04282005 Chg-LP CR2E008 (10/03)

4. FEI Number 74-2927699 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~WINSLOW, NANCY~~ 5035 EDGEWATER DRIVE ORLANDO, FL 32810	Name: Drew Carter Street Address (P.O. Box Number is Not Acceptable): City: FL 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: [signature] Assistant Region Director DATE: 4/28/05
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$2,757,150.00	

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 #	M99000001307	STREET ADDRESS	
NAME	GLOUCESTER HOLDINGS LLC	CITY-ST-ZIP	
STREET ADDRESS	845 PROTON ROAD		
CITY-ST-ZIP	SAN ANTONIO, TX 78258		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	300055195893
NAME		CITY-ST-ZIP	05/24/05 01066 011 **525.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: [signature] 04/25/2005 210-340-7755
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING GENERAL PARTNER — Date — Daytime Phone #