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

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000001696

1. Entity Name

GRAYSTONE PROPERTIES, LTD.

Principal Place of Business	Mailing Address
1002 SOUTH HARBOUR ISLAND BLVD., STE. TAMPA FL 33602	P.O. BOX 840 THONOTOSASSA FL 33592

1ST MOORE CR2E003 (10/04)

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

4. FEI Number 59-3607614 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PHILLIPS, ALTON B
1002 SOUTH HARBOUR ISLAND BLVD., STE. 1502
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

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, typed or printed name of registered agent and title if applicable DATE

11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.

9. *Capital Contributions* as Shown on record. $5,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 1,000,000

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 #		STREET ADDRESS	
NAME	ALTON BURT PHILLIPS		
STREET ADDRESS	1002 SOUTH HARBOUR ISLAND BLVD., STE. 1502		
CITY-ST-ZIP	TAMPA FL 33602	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME	PHILLIPS, JOHN A		
STREET ADDRESS	2 MAPLEWOOD STREET		
CITY-ST-ZIP	LARCHMONT NY 10538	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
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CITY-ST-ZIP		CITY-ST-ZIP	

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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] 4/13/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #