2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

MIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Kenneth L. Shimm, Manager

SIGNATURE:

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A99000001822** 05 JUL 26 AM 8: 33 CENTENNIAL PARTNERS, LTD. Principal Place of Business Mailing Address 6278 N. FEDERAL HIGHWAY, #302 6278 N. FEDERAL HIGHWAY, #302 FT. LAUDERDALE, FL 33308 FT. LAUDERDALE, FL 33308 2. Principal Place of Business 3. Mailing Address 1730 E. Commercial Blvd 1730 E. Commercial Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. 07052005 Cha-LP CR2E003 (10/03) City & State Ft. Lauderdale, FL 4. FEI Number Applied For City & State Ft. Lauderdale, FL 65-0960428 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33334 33334 US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROBERT S. FORMAN, ESQUIRE FÖRMAN, ROBERT S ESQ. Street Address (P.O. Box Number is Not Acceptable) 2101 West Commercial Blvd. 2101 WEST COMMERCIAL BLVD., #4100 Suite 2800 FORT LAUDERDALE, FL 33309 <sup>™</sup>333389 Fort Lauderdale the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement the obligations of registered agent SIGNATURE Signature, typed or printed name In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the 10. Amount of Capital Contributions 9. Capital Contributions \$2,700,000.00 in FLORIDA to date. as Shown on record. prior notice 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 12. DOCUMENT # P99000096877 STREET ADDRESS CENTENNIAL ATLANTA, INC. NAME STREET ADDRESS 6278 N. FEDERAL HIGHWAY, #302 CITY-ST-71P CITY-ST-ZIP FT. LAUDERDALE, FL 33308 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-7(P DOCUMENT # STREET ADDRESS <u> 600058056216</u> 08/01/05--01003--002 \*\*52 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP DOCUMENT & STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP 14. 1 hereby certify that the information supplied with this fling 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