2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A99000002032

Entity Name: SMOAK FAMILY LIMITED PARTNERSHIP

Apr 08, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5653 BURRY GROVES ROAD 5653 BERRY GROVES ROAD CLERMONT, FL 34711 CLERMONT, FL 34714

Current Mailing Address: New Mailing Address:

5653 BURRY GROVES ROAD 5653 BERRY GROVES ROAD CLERMONT, FL 34711 CLERMONT, FL 34714

FEI Number: 59-3619774 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMOAK, CLAUDE E JR. ELLIS, DELL M 8810 CR 561

5653 BERRY GROVES RD CLERMONT, FL 34711 US CLERMONT, FL 34714

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.

04/08/2005 SIGNATURE: DELL M. ELLIS

> Electronic Signature of Registered Agent Date

Capital Contributions as Shown on record: 1,100,000.00

Amount of Capital Contributions in Florida to date: 1,100,000.00

GENERAL PARTNER INFORMATION: ADDRESS CHANGES ONLY:

Document #:

SMOAK, CLAUDE E JR. Name:

8810 CR 561 Address: 8810 CRR561 Address:

City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711

Document #:

ELLIS, DELL M Name:

Address: 5653 BURRY GROVES ROAD Address: 5653 BERRY GROVES ROAD City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34714

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DELL M. ELLIS MS. 04/08/2005