2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENE

Apr 26, 2005 08:00 AM Secretary of State **DOCUMENT # A99000002059** TROUP MANAGEMENT GROUP LIMITED, LLP Mailing Address Principal Place of Business **420 THE CIRCLE 420 THE CIRCLE** LONGWOOD, FL 32779 LONGWOOD, FL 32779 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062005 CR2E003 (10/03) Chg-LP City & State 4. FEI Number Applied For City & State 59-3614411 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TROUP, PAUL V JR. Street Address (P.O. Box Number is Not Acceptable) **420 THE CIRCLE** LONGWOOD, FL. 32779 City 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. 19. Amount of Capital Contributions 9. Capital Contributions \$3,000,000.00 in FLORIDA to date. as Shown on record. 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. 13. DOCUMENT # L99000008600 STREET ADDRESS TROUP MANAGEMENT, LLC NAME STREET ADDRESS 420 THE CIRCLE CITY-ST-ZIP CITY-ST-ZP LONGWOOD, FL 32779 DOCUMENT # STREET ADDRESS NAME 480000331433 STREET ADDRESS CITY-ST-ZIP 04/26/05-80010-025 526.25 CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP 14. I hereby certify that the information supplied with this filling coes 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 629, Florida Statutes SIGNATURE:

AL PARTNER

FILED