2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SECRETARY OF STATE **DOCUMENT # A99000002061** DIVISION OF CORPORATIONS THE WILLIAM J. BINGHAM, JR., FAMILY LIMITED 05 FEB 22 AM 9: 09 PARTNERSHIP Principal Place of Business Mailing Address 234 COLONADE CIRCLE, UNIT 234 234 COLONADE CIRCLE, UNIT 234 NAPLES, FL 34103 NAPLES, FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chq-LP CR2E003 (10/03) 01112005 City & State City & State Applied For 4. FEI Number 59-3614502 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BINGHAM, WILLIAM J JR. 234 COLONADE CIRCLE, UNIT 234 Street Address (P.O. Box Number is Not Acceptable) NAPLES, FL 34103 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 9. Capital Contributions 10. Amount of Capital Contributions \$1,794,315,65 as Shown on record. in FLORIDA to date. 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 12. 13. DOCUMENT # STREET ADDRESS MALKE BINGHAM, WILLIAM J JR. STREET ADDRESS 234 COLONADE CIRCLE, UNIT 234 CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34103 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME -2000475067 03/01/05--01051--003 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP HERE CITY-ST-ZIP DOCUMENT # STREET ADDRESS STAPLE CHECK NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: OF SIGNING GENERAL PARTNER SIGNATURE AND TYPED OR PRINTED IA Daytime Phone

FILED