2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

CHECK

SIGNATURE:

## SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A99000002199 05 JUL 13 AM 9: 17 CHERRY INVESTMENTS, LTD. Principal Place of Business Mailing Address 4402 BROOKWOOD DRIVE 4402 BROOKWOOD DRIVE TAMPA, FL 33629 TAMPA, FL 33629 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07062005 CR2E003 (10/03) Chq-LP Applied For City & State City & State 4. FEI Number 59-3615318 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHERRY, CAROLE S Street Address (P.O. Box Number is Not Acceptable) 4402 BROOKWOOD DRIVE TAMPA, FL 33629 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, typed or printed name of registered agent and fille if applicable. In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. 9. Capital Contributions 10. Amount of Capital Contributions \$3,045,000.00 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 ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS CHERRY, CAROLE S NAME STREET ADDRESS 4402 BROOKWOOD DRIVE 200057768**672** <del>722/05-01003-016 \*\*\$</del>26 CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33629 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 14. I hereby certify that the information supplied with this filling 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

GENERAL PARTNER

FILED