* 2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE:

FILED Jan 21, 2005 08:00 AM **DOCUMENT # A99000002223 Secretary of State** 1. Entily Name TNS FAMILY PARTNERSHIP, LTD. Principal Place of Business Mailing Address 2145 DENNIS STREET 2145 DENNIS STREET TACKSONVILLE, FL 32203 JACKSONVILLE, FL 32203 3. Mailing Address 2. Principal Place of Business Suite, Apt #, etc. Suite, Apt #. etc 01112005 CR2E003 (10/03) Chg-LP Applied For City & State City & State 4. FEI Number 58-2512307 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANDIFER, THOMAS N Street Address (P.O. Box Number is Not Acceptable) 2145 DENNIS STREET JACKSONVILLE, FL 32203 Zip Code City 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 primed name of registered agent and file if applicable 10. Amount of Capital Contributions 9. Capital Contributions \$500,000.00 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 12. ADDRESS CHANGES ONLY DOCUMENT# P99000109919 STREET ADDRESS TNS MANAGEMENT, INC. NAME STREET ADDRESS 2145 DENNIS STREET CHY-SI-ZIP U00000187532 CHY-ST-7P JACKSONVILLE, FL 01/2**4**/05-80018-015-526.25 ooc.JM∈Ni ≢ STREET ADDRESS STREET ADDRESS CHY-ST-ZP DIY-SI-ZP DOCUMENT# STREET ADDRESS NAM: STRUE L'ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOGUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P CHY-ST-7P DOGUMENT # STREET ADDRESS NAME STREET ADDRESS CHTY-ST-ZIP CHY-ST-ZIP DOCUMENT # STREET ADDRESS NAM: STREET ADDRESS 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)(f). 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

Daytime Phone M