FILED 2005 LIMITED PARTNERSHIP ANNUAL REPORT Apr 27, 2005 08:00 AM

| DOCUMENT # A99000002253 1. Comy Many EVILLY PARTNERS, L.P. Principal Price of Business DO GEORGE W. HILLEASS DO GEORGE W. HILLEASS DO GEORGE W. HILLEASS CO CERORE W. HILLEASS CO CERORE W. HILLEASS DO SANDOD PARKWIN, SUITE 300 ATLANTA, GA 30338 12. Principal Price of Business Sure, Ant. 4, etc. Sure, Ant. 4, etc. Sure, Ant. 4, etc. City & Saste City & Saste City & Saste Sure, Ant. 4, etc. City & FL Zip Crode 1. Name and Address of Nour-Registered Agent Name Sure Address (P.C. Box Number in Nat. Acceptable) Sure Andress (P. | | 2000 Em | Due By | May 1, 200 | 5 | • - | | | | State |
|--|-------------------|---|--------|---------------------------------------|---------------------|--|---------------------------|---------------------------------------|---|---------------------------|
| EXUM PARTNERS, L.P. Principal Place of Duriness CTO & CONSE W. HILLEASS CHARACTER & CONSE W. HILLEASS WILLIAM G. AZ T NORTH CARROLL & F. CONSE W. HILLEASS CHARACTER & CONSE W. HILLEANS WILLIAM G. AZ T NORTH CARROLL & CONSE W. HILLEANS CHARACTER & CONSE W. HILLEANS WILLIAM G. AZ T NORTH CARROLL & CONSE W. HILLEANS CHARACTER & CONSE W. HILLEANS WILLIAM G. AZ T NORTH CARROLL & CONSE W. HILLEANS WILLIAM G. AZ T NORTH CARROLL & CONSE W. HILLEANS CHARACTER | | DOCUMENT # A9900002253 | | | | , | Secre | tary or | State | |
| EXP GENGE W. HILLEASS TAD ASHINGOP ARRAMAY SUITE 300 ATLANTA, GA 30338 Z. PRINCIPAL GA 303 | | | | | | | | | | |
| Suite, Api **, init. | | C/O GEORGE W. HILLEGASS 1200 ASHWOOD PARKWAY, SUITE 300 C/O GEORGE W. HILLEGAS 1200 ASHWOOD PARKWAY | | | rkway, su | - ITE 300 | | | | |
| Eutle, Apt. 4, stit. Surie, Apt. 4, stit. Surie, Apt. 4, stot. City & State City & Cit | | | | , , , , , , , , , , , , , , , , , , , | | | | | | |
| City & State Ci | - | S. Tr. Act D. Act | | | Power April H. etc. | | 1 | Wrom imite muret kuntt mult |) 68 112 69 14 2 22 6 18 42 | (a) Bilga (iliali El (44) |
| Tip Country to Country to Country 5. Certificate of Status Desired Status Desired S. Additional Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required HILLEGASS, WILLIAM G 427 NORTH 3RD STREET JACKSONVILLE, FL 30250 City FL Zip Code 8. The above named entity submits this steement for the purpose of changing its registered agent, or both, in the State of Florida. Tam lamillar with, and accept the obligations of inspletional agent. SCHATURE Synthesis of victorisations 6,450,000.00 10. Capital Contributions 6,6450,000.00 10. Amenant of Capital Contributions 8,6450,000.00 10. Amenant of Capital Contributions 8 (6,450,000.00) 10. Amenant of Capital Contributions 8 (6,450,000.00) 12. GENERAL PATTINER 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. 12. GENERAL PATTINER REGISTER BY NOTE or change of the form; an amendment must be filed to change a general partner. 12. GENERAL PATTINER REGISTER BY ONLY STEELD ADDRESS CHANGES ONLY DISTRIBUTED BY ONLY STEELD ADDRESS CHANGES ONLY DISTRIBUTED BY ONLY STEELD ADDRESS CHANGES ONLY DISTRIBUTED BY ONLY STEELD ADDRESS CHANGES ONL | } | | | | | | | · · · · · · · · · · · · · · · · · · · | CR2E003 | |
| 8. Name and Address of Current Registered Agent 7. Name and Address of New Pregistered Agent HILLEGASS, WILLIAM G 4ZT NORTH 3RD STREET JACKSONVILLE, FL 32250 City FL Zp Corde 8. The above named entity submits this discerned for the purpose of changing its registered agent, or both, in this State of Plorida. I am familiar with, and accept the chilgistines of registered agent. SIGNATURE Spring bend of preservings of opposite agent as an expression and of explaints. 9. Capital Contributions 9. Capital Contributi | (| | | Only & State | Only & State | | , | | | |
| HILLEGAS, WILLIAM G 427 NORTH SRD STREET JACKSONVILLE, FL 32250 City FL Zip Code 8. The above named onlify submits this statement for the purpose of changing as registered citics or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registering agent age | | | | | Cour | ntry | ļ | | Fee | Required |
| Street Address (P.D. Box Number is Not Acceptable) AZT NORTH SRD STREET Zip Code | - | | | | | | | | | |
| E. The above narried onliky submits this stelement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature: Signatu | } | 427 NORTH 3RD STREET | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, Speed or protect rame of registered agent. 9. Capital Contributions as Shown or record. A GENERAL PARTINER 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. 12. GENERAL PARTNER INFORMATION 19. ADDRESS CHANGES ONLY DOCUMENT I LESPOOD009305 100-17-51-2P DOCUMENT I NAME STREET ADDRESS CITY-51-2P DOCUMENT I NAME STREET ADDRESS CITY-51-2P DOCUMENT I STREE | } | JACKSUNVILLE, F | | | | | | | | |
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| Square, speed promote trained any agreement agreement and approaches. 9. Capital Contributions es Shown on record. \$6,450,000.00 10. Amount of Capital Contributions in FLORIDA to date. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOUMBRIT ANAME SIRET ADDRESS LOUIS ST. 2P CITY-ST 2P | | | | | | | | | | |
| BS Shown on record. \$6,450,000.00 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 filled to change a general partner. 12. | | SIGNATURE Signature, typed or printed name of registered agent and site if applicable. | | | | <u> </u> | | · · · · · · · · · · · · · · · · · · · | DATE | <u> </u> |
| NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT NAME SIRET ADDRESS DITY-ST-ZP DOCUMENT SIRET ADDRESS DITY-ST-ZP DOCUMENT NAME SIRET ADDRESS DITY-ST-ZP DOCUMENT NAME SIRET ADDRESS DITY-ST-ZP DOCUMENT SIRET ADDRESS DITY-ST-ZP DOCUMENT SIRET A | [| | | | | | | | | |
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| NAME SIRET ADDRESS DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | } | | | | | | | ADDRESS CHA | ANGES ONLY | |
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| CITY-ST-ZIP DOCULENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT | | | | | - - | | | | | |
| DOCUMENT NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT NAME STREET | ļ | STREET ADDRESS | | | - 1 | - | 04/27/05-80006-011-526.25 | | | |
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| STREET ADDRESS CITY-ST-ZIP OCCUMENT # MAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(7), 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 of the receiver or trustee empowered to execute this report as required by Chapter 620. Florida Statutes SIGNATURE: SIGNATURE: STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP OCCUMENT # MAME STREET ADDRESS CITY-ST-ZIP OCCUMENT | | DOCUMENT # | | | STR | REET ADDRESS | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP 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 Statules. 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 each, that I am a General Partner of the limited partnership of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: SIG | | STREET ADDRESS | | | cri | Y-ST-ZIP | | | | <u> </u> |
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| STREET ADDRESS DITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: 3-28-05 | | CITY-ST-ZIP DOCUMENT / NAME SIREET ADDRESS CITY-ST-ZIP | | | cm | Y-SI-ZIP | | | | |
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| OIGHAI OHE. | | 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 | | | | | | | | |
| | | SIGNATURE: | | Donald E | (V XV | ier | 3 | | . · | in Phone # |