
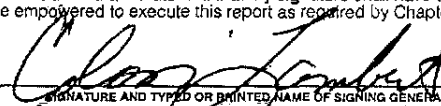


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000002267 1. Entity Name SUNSHINE FOLIAGE ENTERPRISES, LTD.					
Principal Place of Business 2060 STEVE ROBERTS SPECIAL ZOLFO SPRINGS, FL 33890			Mailing Address P.O. BOX 328 ZOLFO SPRINGS, FL 33890		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0975415	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LAMBERT, EDWARD W 2721 BAILES ROAD ZOLFO SPRINGS, FL 33890				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$500,000.00			10. Amount of Capital Contributions in FLORIDA to date. 0		
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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P97000053058		STREET ADDRESS		
NAME	SUNSHINE FOLIAGE WORLD, INC.		CITY - ST - ZIP	000000365769	
STREET ADDRESS	2060 STEVE ROBERTS SPECIAL			05/11/05-80016-007 141.25	
CITY - ST - ZIP	ZOLFO SPRINGS, FL 33890				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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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)(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: 			DATE _____ Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE