2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

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

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C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City FL Zip Code 6. The above named driftly 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 Submit gifted by mind area of registered agent and sold accept the obligations of registered agent. SIGNATURE Submit gifted by mind area of registered agent and sold accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations	Zip - Country Zip		Zip	Cour	ntry					
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8. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. 9. Capital Centributions as Shown on record. 9. Capital Centributions 310,000,000.00 10. Amount of Capital Contributions 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. 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. 4. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY CONUMBIT OF THE PARTNER STATE ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY GIV-ST-2P CHAMPAIGN, IL 61821 TIDUOU00365486 GIV-ST-2P CHAMPAIGN, IL 61821 TIDUOU00365486 GIV-ST-2P COUMBIT OF THE PARTNER STATE ADDRESS CHANGES ONLY STREET ADDRESS CHANGES CHANGES ONLY STREET ADDRESS CHANGES	PLANTATI	ON, FL 33324								
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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 inclicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a General Partner of the limited partnership o	14. I hereby	certify that the information supplied wit	n this filing does not qualify f	or the ex	emption stated in S	ection 119.07(3)(i)	, Florida Statutes	I further certify t	hat the Information	