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

## FILED DOCUMENT # B02000000023 2005 FEB -7 PM 3: 29 SAND LAKE GENERAL PARTNER, L.P. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1936 SAN MARCO BLVD. 1936 SAN MARCO BLVD. JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122005 CR2E003 (10/03) Applied For City & State City & State 4. FEI Number APPLIED FOR Not Applicable 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 ROMANO, RICHARD Street Address (P.O. Box Number is Not Acceptable) C/O CORNERSTONE MANAGEMENT & LEASING 1936 SAN MARCO BLVD. JACKSONVILE, FL 33207 City Zip Code FL 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 printed name of registered agent and title if applicable 10. Amount of Capital Contributions 9. Capital Contributions \$1,000.00 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 ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION 13. DOCUMENT # STREET ADDRESS BATHMAN, TROY NAME 16910 DALLAS PARKWAY, SUITE 100 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **DALLAS, TX 75248** DOCUMENT 4 STREET ADDRESS GISSLER, JAMES E 16910 DALLAS PARKWAY, SUITE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS, TX 75248 DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS **100046557661** 02/14/05--01104--002 \*\*66 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CHECK

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Date

Date

Dayling Phone \*