2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE:

May 05, 2005 08:00 AM Secretary of State DOCUMENT # B02000000038 SEBRING CAPITAL PARTNERS, LIMITED PARTNERSHIP Principal Place of Business Mailing Address 4000 INTERNATIONAL PKWY 4000 INTERNATIONAL PKWY STE 3000 STE 3000 CARROLLTON, TX 75007 CARROLLTON, TX 75007 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 CR2E003 (10/03) Chg-LP City & State City & State 4. FEI Number Applied For 75-2959938 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 printed name of registered agent and title if applicable. 10. Amount of Capital Contributions 9. Capital Contributions \$500.00 as Shown on record. in FLORIDA to date. 500.<u>00</u> 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 13. ADDRESS CHANGES ONLY 12. DOCUMENT # F02000000068 STREET ADDRESS NEALMIKELANCE CORPORATION NAME 4000 INTERNATIONAL PKWY STE 3000 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CARROLLTON, TX 75007 F02000000710 DOCUMENT # STREET ADDRESS U00000363173 SEBRING CAPITAL CORPORATION NAME 05/05/05-80143-004 141.25 STREET ADDRESS 4000 INTERNATIONAL PKWY STE 3000 CITY-ST-ZIP CITY-ST-7IP CARROLLTON, TX 75007 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Michael L. Brown

FILED

4/26/05 972-862-5000