
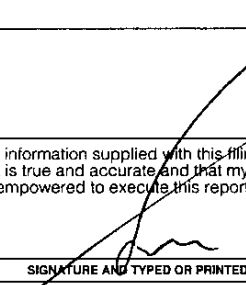


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 11 AM 11:17

DOCUMENT # B0300000113					
1. Entity Name ORANGE-CO, LP					
Principal Place of Business 2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808			Mailing Address 2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808		
2. Principal Place of Business 12010 NE HWY 70		3. Mailing Address 3003 TAMAMI TRAIL N. SUITE 201		06242005 Chg-LP CR2E003 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 27-0050129	
City & State ARCADIA, FL		City & State NAPLES, FL		Applied For Not Applicable	
Zip 34266	Country USA	Zip 34103	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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. \$22,000,000.00		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 filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L03000006431		STREET ADDRESS		
NAME	ORANGE-CO, LLC		CITY-ST-ZIP		
STREET ADDRESS	3003 TAMAMI TRAIL NORTH, SUITE 400				
CITY-ST-ZIP	NAPLES, FL 34103				
DOCUMENT #			STREET ADDRESS	780057767897	
NAME			CITY-ST-ZIP	07/21/05--01082--001 **926.25	
STREET ADDRESS					
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NAME			CITY-ST-ZIP		
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: 			STEPHEN W. RYAN		239-261-4455
			VICE PRESIDENT		Date Daytime Phone #

STAPLE CHECK HERE