2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

FILED Feb 02, 2005 08:00 AM Secretary of State

DOCUMENT # B0300000311 1. Entity Name YULEE VENTURE NO. ONE, L.P.						Secretary of State			
Principal Place of Business Mailing Address 16910 DALLAS PKWY., STE. 100 1936 SAN MARC DALLAS, TX 75248 JACKSONVILLE, 8					And the second s	•••			
DALLAS, IX	73246	JACKSONVILLE, FL 3	2207						
2. Principal I	Place of Business	3. Mailing Address							
Suite, Apt	#, etc.	Suite, Apt #, etc		01122005	Chg-LP	CR2E003	(10/03)		
City & State		City & State		4. FEI Number 01-0771			Applied For Not Applicable		
Zip Country		Zip	Country		5. Certificate o	of Status Desired		.75 Additional Required	
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
CORNERSTONE MANAGEMENT & LEASING, INC. 1936 SAN MARCO BLVD.				Name Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE, FL 32207									
				City	A 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		FL	Zip Code	
8. The above the obliga	a named entity submits this statementalions of registered agent.	nt for the purpose of changing	its register	ed office or register	ed agent, or both	, in the State of Flo	orida. I am fami	liar with, and accept	
SIGNATURE	SIGNATURE ————————————————————————————————————						DATE		
9 Capital Contributions 10 Amount of Capital Contributions									
	on record. \$263,850.00	in FLORIDA to							
	NOTE: General Partners					l to change a ge	eneral partne	r.	
12,	GENERAL PART	NER INFORMATION	13.			ADDRESS CHA	NGES ONLY		
DOCUMENT #	BATHMAN, TROY		STR	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	16910 DALLAS PKWY., STE. 100 DALLAS, TX 75248		CITI	-ST-ZIP	U00000208788 02/02/05-80009-005 526,25				
DOCUMENT # NAME	GISSLER, JAMES		STR	EET ADDRESS		UZ/UZ/US-	-80003-00	Jb 526.25	
STREET ADDRESS CITY-ST-ZIP	16910 DALLAS PKWY., STE. 100 DALLAS, TX 75248			-ST-ZIP					
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CITY-ST-ZIP DOCUMENT I NAME STREET ADDRESS			STRI	ELI ADDRESS				<u>-</u>	
			CITY	-ST-ZIP					
DOCUMENT #			STR	ET ADDRESS					
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			CITY	- \$7 - ZIP					
14. I hereby indicated the recen	certify that the information supplied fon this report is true and accurate ver or trustee empowered to execute	with this filing does not qualify the that my signature shall have this report as required by Classian to the control of the c	for the exe te the same apter 620	mption stated in Se e legal effect as if m Florida Statutes	ction 119.07(3)(i), ade under oath, t	. Florida Statutes. I hat I am a Genera	further certify to Partner of the	hat the information imited partnership or	