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ALL AHASSEE, FLORIDA 2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005 DOCUMENT # B0400000012 SECÓND CHAPEL ASSOCIATES LP Principal Place of Business Mailing Address C/O THE GOODMAN COMPANY C/O THE GOODMAN COMPANY 777 SOUTH FLAGLER DRIVE, SUITE 1104 777 SOUTH FLAGLER DRIVE, SUITE 1104 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142005 Cha-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip αiΣ 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 THE GOODMAN COMPANY Street Address (P.O. Box Number is Not Acceptable) 777 SOUTH FLAGLER DRIVE, SUITE 1104 WEST PALM BEACH, FL 33401 City Zip Code FL 3. 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. 06/30/05--01011--025 **2285.00 SIGNATURE Signature, typed or printed name of registered agent and title if applicable in the state of the st 9. Capital Contributions 10. Amount of Capital Contributions 10, 141,049 \$213,975.00 as Shown on record. 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY DOCUMENT # L03000046486 STREET ADDRESS **BBD WESLEY CHAPEL LLC** STREET ADDRESS 777 SOUTH FLAGLER DRIVE, SUITE 1101 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL 33401 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY_ST_7/P CITX-ST-ZIP DGCUMENT # STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP CITY-ST-7/P 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 BBD Wessey Chaper Lecus the repair parties, by Goodman Properties Inc., its manager 561-833-3777 SIGNATURE:

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