2005 LIMITED PARTNERSHIP ANNUAL REPORT

## SECRETARY OF STATE DIVISION OF CHEPORATIONS Due By September 7, 2005 **DOCUMENT # B04000000213** 05 JUN 13 AM 8:58 1. Entity Name IN-LAND LIMITED PARTNERSHIP A NORTH CAROLINA LIMITD PARTNERSHIP Principal Place of Business Mailing Address 4141 N.W. 5TH STREET 4141 N.W. 5TH STREET **SUITE #100 SUITE #100** PLANTATION, FL 33317 PLANTATION, FL 33317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05092005 CR2E003 (10/03) City & State . City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent D'AGUILAR, CECIL 4141 N.W. 5TH STREET Street Address (P.O. Box Number is Not Acceptable) **SUITE #100** PLANTATION, FL 33317 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, typed or printed name of registered agent and title if applicable In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. 9. Capital Contributions 10. Amount of Capital Contributions \$10,000.00 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. DOCUMENT # L01000008654 STREET ADDRESS NAME EAGLE INVESTMENTS LLC STREET ADDRESS 4141 N.W. 5TH STREET CITY-ST-ZIP CITY-ST-ZIP PLANTATION, FL 33317 <del>400056611904</del> 06/28/05--01038--002 \*\*475.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME

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14. Ithereby 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 pertnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: LCILL TO THOUL MEMBER FOR FOR IE IN TESTIMENT LLE