

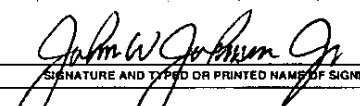


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV -3 AM 9:35

DOCUMENT # B04000000390			
1. Entity Name MED ONE CAPITAL FUNDING - FLORIDA, L.P.			
Principal Place of Business 6965 UNION PARK CENTER, SUITE 400 MIDVALE, UT 84047		Mailing Address 6965 UNION PARK CENTER, SUITE 400 MIDVALE, UT 84047	
2. Principal Place of Business		3. Mailing Address P.O. Box 708278	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Sandy, UT	
Zip	Country	Zip	Country
84070		84070	S.L.
4. FEI Number 08112005		Chg-LP CR2E003 (10/03)	
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. \$1,000.00		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 # NAME STREET ADDRESS CITY-ST-ZIP	F96000005976 MED ONE CAPITAL, INC. 6965 UNION PARK CENTER, SUITE 400 MIDVALE, UT 84047	STREET ADDRESS CITY-ST-ZIP	700061762867 11/29/05-01063-015 **\$641.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2005
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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: 		Date: August 15, 2005 Daytime Phone #: 801-516-6433	

STAPLE CHECK HERE