2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

STAPLE CHECK HERE

AL REPORT FILED Apr 30, 2005 08:00 AM Secretary of State

DOCUMENT # B9600000245 1. Entity Name S.W. 8TH STREET VENTURE, LTD.					Secretary of Sta	
Principal Place of Business Mailing Address				<u></u>	·	
2600 CAMDI ROSWELL, G	EN GLEN COURT A 30076	2600 CAMDEN GLEN ROSWELL, GA 3007				l comp
2. Principal F	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01142005 Chg-LP CR2E003 (10/03)	
City & State		City & State			4. FEI Number Applied 65-0604638 Not Applied	~~~
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required	al
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and Address of New Registered Agent	
BATCHELDER, DRAKE M				Name		
350 EAST LAS OLAS BLVD., STE. 1600 LAS OLAS CENTRE II				Street Address ((P.O. Box Number is Not Acceptable)	
FT. LAUDI	ERDALE, FL 33301			City	₽ Zip Code	
• The ober	and only when the Main states and I		11Y-1	,	ſŢ Ŀ ij	
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 Signature, typed or printed name of registered agent and title 4 applicable					DATE	
S. Capital Contributions as Shown on record. \$1,000,000.00 10. Amount of Capital Contribution in FLORIDA to date.				butions - 0-		
	A GENERAL PARTNER	THAT IS A BUSINESS E	ENTITY M	UST BE REGIST	TERED AND ACTIVE WITH THIS OFFICE.	
NOTE: General Partners MAY NOT be changed on the form; an am 12. GENERAL PARTNER INFORMATION 13.				i, an amenuner	ADDRESS CHANGES ONLY	
DOCUMENT # NAME	F9700006472 CAMDEN INVESTMENTS, INC.			EET ADDRESS		
STREET ADORESS CITY-ST-ZIP				-ST-ZIP		
DOCUMENT # NAME			STRI	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	-SY-ZIP		
DOCUMENT #			STRI	ET ADDRESS	000000347155 04/30/05-80105-001 141.;	 25
STREET ADDRESS City-St-Zip			CITY	-ST-ZIP		
DOCUMENT # NAME			STRE	ET ADDRESS		
STREET ADDRESS City-St-Zip			CITY	- ST - ZIP		
DDCUMENT # NAME			STRE	ET ADORESS		
STREET ADDRESS City-St-ZIP	: :		CITY	-ST-ZIP		
DOCUMENT # NAME			STAG	ET ADDRESS		
STREET ADDRESS City-St-Zip			CITY	-ST-ZIP		
14. I hereby certify that the information supplied with this filling 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 small 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 CANDLEY TOURSTONE ASSOCIATION ASSOCIATION AND ASSOCIATION ASSOCIATIO						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Days Daysing Proce 4						
CHARLES. L. BARTLEST						