

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

6327

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| DOCUMENT # B98000000183 1. Entity Name R.E.S. PARTNERS, L.P. | |  FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 FEB -7 AM 9:56 |
| 2. Principal Place of Business 7505 NW COUNTY HWY. 25A OCALA, FL 34470 02 | | 3. Mailing Address 10912 NW 14TH AVE. GAINESVILLE, FL 32606 |
| 2. Principal Place of Business P.O. Box 357064 | | 3. Mailing Address P.O. Box 357064 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. |
| City & State Gainesville FL | | City & State Gainesville FL |
| 4. FEI Number 22-3570566 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent HAINES, TIM D 125 NE FIRST AVENUE, SUITE 1 OCALA, FL 34470 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> 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 _____ <small>Agent, partner, or principal of registered agent and the taxpayer.</small> | | |
| 9. Capital Contributions as Shown on record. \$3,848,000.00 | | 10. Amount of Capital Contributions in FLORIDA to date. \$313,000 |
| 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 | B98000000182 R.E.S. GENERAL, L.P. 10912 NW 14TH AVE. GAINESVILLE, FL 32606 | STREET ADDRESS CITY ST ZIP |
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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)(c), 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: <i>[Signature]</i> | | <i>President Res General Inc.</i> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | <small>DATE</small> |

STAPLE CHECK HERE