


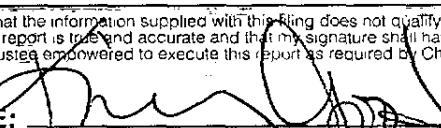
2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 18, 2005 08:00 AM
Secretary of State

| | | | | | |
|--|---------------------------------------|---------|---|---|--|
| DOCUMENT # B99000000123 1. Entity Name AEACUS REAL ESTATE LIMITED PARTNERSHIP | | | |  | |
| Principal Place of Business PO BOX 87, 22 GRENVILLE ST. ST. HELIER, JERSEY JE48PX CHANNEL ISLANDS, | | | Mailing Address 255 NE 6TH AVENUE DELRAY BEACH, FL 33483 | | |
| 2. Principal Place of Business Suite, Apt #, etc | | | 3. Mailing Address Suite, Apt #, etc | | |
| City & State | | | City & State | | |
| Zip | | Country | | 02252005 Chg-LP CR2E003 (10/03) | |
| 4. FEI Number 65-0739697 | | | | 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 WINTZER, WILLIAM R M 255 N.E. 6TH AVENUE DELRAY BEACH, FL 33483 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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. \$15,000,000.00 | | | 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 # | F99000001398 | | STREET ADDRESS | | |
| NAME | FENSTONE DEVELOPMENTS LIMITED COMPANY | | CITY-ST-ZIP | | |
| STREET ADDRESS | 22 GRENVILLE ST. | | | | |
| CITY-ST-ZIP | ST. HELIER, JERSEY JE48PX, | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
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STAPLE CHECK HERE

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:  **HIM GOODYEAR** **3/1/05** **(561) 243-2400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #