2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

1. Entity	Name	T # B99000000 DADBAND, L.P.	386				- St	FILED  OS APR 29 PM 5: 52  LAHASSEF OF STATE	
3103 PI HUNTING	Place of Busine HILMONT AVEN GDON VALLEY,	IUE PA 19006	Mailing Address 3103 PHILMONT AV HUNTINGDON VALL		006		' <i>'\'\</i> 	ECRETARY OF STATE LAHASSEE, FLORIDA	
	pal Place of Bu <b>Gibralt</b> a		3. Mailing Address 250 Gibral	ailing Address 50 Gibraltar Road				3200 DIN DESENDENT DESENDENT DE LA 1886	
Suite,	Apt. #, etc.		Suite, Apt. #, etc.		03242005	Chg-LP	CR2E003 (10/03)		
	State ham, PA		City & State  Horsham, PA		4. FEI Number 23-30182	 261	Applied For Not Applicable		
Zip 1904	4	Country Montgomery	Zip 19044	Cour <b>Môt</b>	ntry ntgomery	5. Certificate of	Status Desired	\$8.75 Additional Fee Required	
	6. Nar	ne and Address of Current	Registered Agent		Name	7. Name and A	ddress of New Re	egistered Agent	
	C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					Street Address (P.O. Box Number is Not Acceptable)			
	ATION, FL								
						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 the obligations of registered agent.								rida. I am familiar with, and accept	
SIGNATI	JRE				·				
9. Capital Contributions as Shown on record. \$3,330.00   10. Amount of Capital Contributions in FLORIDA to date. \$3,330.00								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	F99000		13.	ADDRESS CHANGES ONLY EET ADDRESS 250 Gibraltar Road					
NAME STREET ADD		HUNT, INC. IILMONT AVENUE							
CITY-ST-ZII		IGDON VALLEY, PA 190	06	- Can	Y-ST-ZIP H	orsham, PA	19044		
NAME				STR	EET ADORESS				
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DOCUMENT NAME	<b>'</b>			STR	EET ADDRESS	00	00545	20570	
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				CETY	'-ST-ZIP				
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STREET AOD CITY-ST-ZIJ	1			CITY	'-ST-ZIP				
14. I here indice the re	eby certify that ated on this rep eceiver or truste	the information supplied with nort is true and accurate and se empowered to execute this	this filing does not qualify that my signature shall ha s report as required by Cl	for the exercive the same	emption stated in S e legal effect as if Florida Statutes	ection 119.07(3)(i), ( made under oath; th	Florida Statutes. I at I am a General	further certify that the information Partner of the limited partnership or	
SIGN	ATURE:	11/	w			<u> </u>	4/01/05		
	SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING GENERAL PARTNER  Date  Daytime Phone *  Daytime Phone *								