2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000068298

Entity Name: JOY MCCANN GENERAL PARTNER, INC.

FILED Apr 25, 2005 Secretary of State

Comment Britaria al Blace of Businesses				New Principal Place of Pusiness			
Current Principal Place of Business:				New Principal Place of Business:			
1700 S. MA SUITE 360							
TAMPA, FL 33629 US Current Mailing Address:			New Mailing Address:				
					3		
SUITE 360	I700 S. MACDILL AVE. BUITE 360 FAMPA, FL 33629 US						
FEI Number:	59-3395048	FEI Number Applied For ()	FEI Num	nber Not Appli	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
BRYN, MARK J ONE BISCAYNE TOWER, SUITE 2680 2 SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131 US				WALTUCH, ROBERT H 501 E. KENNEDY BLVD. SUITE 1700 TAMPA, FL 33602 US			
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.							
SIGNATURE: ROBERT H. WALTUCH						04/25/2005	
Electronic Signature of Registered Agent						Date	
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DVST () Delete LYNCH, SCOTT 1700 S. MACDILL AVE., SUITE 360 TAMPA, FL 33629 US			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	PURCELL, THOM	_ AVE., SUITE 360		Title: Name: Address: City-St-Zip:	CULVERHOUSE	LL AVE., SUITE 360	
Title: Name: Address: City-St-Zip:	CULVERHOUSE,	_ AVE., SUITE 360		Title: Name: Address: City-St-Zip:	DAUGHERTY, R	LL AVE., SUITE 360	
Title: Name: Address: City-St-Zip:	DVT (X) I BOLANO, ANDRE 134 MADIERA AV CORAL GABLES	ENUE		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	S (X) E BRYN, MARK J 2 S. BISCAYNE E MIAMI, FL 33131			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	DAUGHERTY, RO	_ AVE., SUITE 360		Title: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT LYNCH DVTS 04/25/2005