2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 20, 2005 08:00 AM DOCUMENT # V45710 **Secretary of State** THE LYROUGE PARTNERSHIP, INC. Principal Place of Business Mailing Address 6233 OLD RANCH ROAD 6233 OLD RANCH ROAD SARASOTA, FL 34241 US SARASOTA, FL 34241 US 01152005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0338821 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOURLEY, ROBINSON B JR DO NOT WRITE 6233 OLD RANCH ROAD SARASOTA, FL 34241 IN THIS SPACE 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 if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE BERLINER, CHRISTOPHER G. NAME STREET ADDRESS 3909 CAMINO REAL CITY-ST-ZIP SARASOTA, FL TITLE U00000186667 01/21/05-80064-024 150.00 GOURLEY, ROBINSON B., JR NAME STREET ADDRESS 6233 OLD RANCH RD CITY-ST-7IP SARASOTA, FL 34241 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7/P TITLE FLASAF STREET ADDRESS CITY - ST-7IP TITLE NAME

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Robinson Gay/cv Tr.

STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

45/05 94/-923-897

FILED