2004 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2004**

STAPLE CHECK

SIGNATURE:

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A01000001452** 04 APR 16 PM 2: 03 SC-ABACOA PLAZA ASSOCIATES, LLLP Principal Place of Business Mailing Address ONE N. CLEMATIS ST., STE. 305 ONE N. CLEMATIS ST., STE. 305 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 02042004 Chg-LP CR2E003 (10/03) Applied For City & State 4. FEI Number City & State 94-3414881 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KOSOY, BRIAN D Street Address (P.O. Box Number is Not Acceptable) ONE N. CLEMATIS ST., STE. 305 WEST PALM BEACH, FL 33401 Zip Code City 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 DATE 10. Amount of Capital Contributions in FLORIDA to date. \$\\450,000.00 9. Capital Contributions \$450,000.00 as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. P01000079564 DOCUMENT # STREET ADDRESS NAME SC-ABACOA G.P., INC. STREET ADDRESS ONE N. CLEMATIS ST., STE. 305 600032969226 64* 66-8406--46/6/1/ CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL 33401 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS 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 earth, 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

D OR PRINTED NAME OF SIGNING GENERAL PARTNER

Shreeve

3-18-2004