2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A02000000336

1. Entity Name
MEREDITH PARTNERS LIMITED PARTNERSHIP

FILED
2004 FEB 23 AM 10: 03
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
126 PIERREPONT ST BROOKLYN HEIGHTS, NY 11201	C/O KATHRYN SCOTT 126 PIERPONT STREET BROOKLYN HEIGHTS, NY 11201

02112004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
	126 PIERREPONT STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: BROOKLYN HEIGHTS, NY
Zip / Country	Zip: 11201 / Country: USA

4. FEI Number: 45-0468827 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. $28,000,000.00

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 #		STREET ADDRESS	
NAME	SCOTT, KATHRYN		
STREET ADDRESS	126 PIERREPONT ST	CITY-ST-ZIP	
CITY-ST-ZIP	BROOKLYN HEIGHTS, NY 11201		
DOCUMENT #		STREET ADDRESS	200030362072 03/12/04--01020--022 **526.25
NAME	SCOTT, JAMES W		
STREET ADDRESS	101 EAST BURBANK STREET	CITY-ST-ZIP	
CITY-ST-ZIP	FREDERICKSBURG, TX 78624		
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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: Kathryn J Scott — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — 2.14.2004 (Date) — 718 935 0425 (Daytime Phone #)