2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

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SIGNATURE:

Mar 04, 2004 08:00 AM Secretary of State DOCUMENT # A02000000474 DONALD MCMAHON III FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 375 NORTH 9TH AVENUE 375 NORTH 9TH AVENUE PENSACOLA FL 32503 PENSACOLA FL 32503 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt #, etc. CR2E003 (11/03) 4. FEI Number City & State City & State Applied For 01-0739632 Not Applicable Zip Country Zφ Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCMAHON, DONALD III 375 NORTH 9TH AVENUE Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32503 City Zip Code 8. The above named entity submuts this sperment 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 Segnature, typed or pointed name of register 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$100,000.00 as Shown on record. in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME MCMAHON, DONALD III SZBRODA TBBRTZ 3281 SEVILLE DRIVE CSTY-ST-78P U000000087450 DITY-ST-ZIP PENSACOLA FL 32503 03/15/04-80011-020 526.25 DOCUMENT # STREET ADDRESS 1141.65 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MARKE STREET ADDRESS CITY-ST-ZIP C/TY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY+ST-ZIP KITY-ST-ZIP DOCUMENT # STREET ADDRESS ENAME. STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-Z82 CITY - ST- ZIP 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

FILED