2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

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SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A02000000718** 04 MAR 15 AM In: 31 22 PÁRK & SHOP LTD. Mailing Address Principal Place of Business 2851 SOUTH OCEAN BLVD., #7B **4031A WILLIAM PENN HIGHWAY** MONROEVILLE, PA 15146 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01272004 CR2E003 (10/03) Chg-LP . 4 Applied For City & State City & State 4. FEI Number 428 - 200 APPLIED FOR Not Applicable Zip Country 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 Name HOCHHAUSER, BYRON L Street Address (P.O. Box Number is Not Acceptable) 2851 SOUTH OCEAN BLVD., #7B BOCA RATON, FL 33432 City 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 10. Amount of Capital Contributions \$1,153,955.00 as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENÍ # STREET ADDRESS NAME HOCHHAUSER, BYRON L STREET ADDRESS 2851 SOUTH OCEAN BLVD., #7B CITY-ST-7IP CITY-ST-ZIP BOCA RATON, FL 33432 DOCUMENT # 900032023319 STREET ADDRESS CALVERT, STACY NAME STREET ADDRESS 1222 N.W. 14TH PLACE CITY-ST-7IP CITY-ST-ZIP BOCA RATON, FL 33486 DOCUMENT # STREET ADDRESS KAVANAGH, JORDANNA -STREET ADDRESS 9464 STATE ROUTE 68 CITY-ST-ZIP CITY-S1-7P RUSHVILLE, OH 43447 DOCUMENT # STREET ADDRESS DOJONOVIC. THOMAS NAME STREET ADDRESS 219 FIESTA DRIVE CITY-ST-ZIP CITY-ST-ZIP PITTSBURGH, PA 15239 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCHMENT! STREET ADDRESS NAME STREET ANAPPESS CITY-ST-ZIP CITY-ST-ZIP 14. I he'eby 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED

Date

Daytime Phone #