2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUMENT # A02000001714 04 MAY -4 PM 4: 28 JESĆO FAMILY PARTNERSHIP, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1457 RANCHERO DRIVE 1457 RANCHERO DRIVE SARASOTA, FL 34240 SARASOTA, FL 34240 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292004 Chg-LP CR2E003 (10/03) 4. FEI Number City & State City & State Applied For -0973600 -APPLIED FOR 45 Not Applicable Zio Country Zio 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 BAND, GREGORY S Street Address (P.O. Box Number is Not Acceptable) 1680 FRUITVILLE ROAD, SUITE 102 SARASOTA, FL 34236 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 finapticable. 9. Capital Contributions 10. Amount of Capital Contributions \$1,913,000,00 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 ADDRESS CHANGES ONLY L02000000170 DOCUMENT 4 STREET ADORESS NAME SJG OF SARASOTA, LLC STREET ADDRESS 1457 RANCHERO DRIVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34240 DOCUMENT # STREET ADDRESS NAME 490936548994 STREET ADDRESS CITY-ST-7IP 05/18/04--01041--019 **526.25 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 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 en powered to execute this report as required by Chapter 620. Florida Statutes

APPROVELL