2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

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SECRETARY OF STATE **DOCUMENT # A03000000514** APISDORF FAMILY PARTNERSHIP, LTD. 04 JAN 22 PM 1: 34 Principal Place of Business Mailing Address 3844 PRAIRIE DUNES 3844 PRAIRIE DUNES SARASOTA, FL 34238 SARASOTA, FL 34238 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 CR2E003 (10/03) Chg-LP 4. FEI Number Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUEBNER, THOMAS F Street Address (P.O. Box Number is Not Acceptable) 3844 PRAIRIE DUNES SARASOTA, FL 34238 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 9. Capital Contributions 10. Amount of Capital Contributions \$2,000,000.00 in FLORIDA to date. 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. 12. GENERAL PARTNER INFORMATION L03000010213 DOCUMENT # STREET ADDRESS APISDORF FAMILY, LLC NAME STREET ADDRESS 3844 PRAIRIE DUNES CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34238 70002869637 DOCUMENT # STREET ADDRESS 02/13/04--01008--018 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 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: . Daytime Phone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

' FILED