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

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SIGNATURE:

DOCUMENT # A03000001267 1. Entity Name TRG - ALASKA COMMERCIAL, LTD. SECRETARY OF STATE DIVISION OF CORPORATIONS Principal Place of Business Mailing Address 04 MAR 24 PM 2: 36 2828 CORAL WAY, PENTHOUSE SUITE 2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145 MIAMI FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E003 (11/03) City & State City & State 4. FEI Number Applied For Not Applicable Žip 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 HERNANDEZ, ANGEL A Street Address (P.O. Box Number is Not Acceptable) 2828 CORAL WAY, PENTHOUSE SUITE **MIAMI FL 33145** 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. 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 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 13. ADDRESS CHANGES ONLY DOCUMENT # P03000095494 STREET ADORESS 400032106024 MARKE TRG - ALASKA COMMERCIAL, INC. 04/0**7**/04--01854--003 **150.00 2828 CORAL WAY, PENTHOUSE SUITE STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP **MIAMI FL 33145** DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS 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

ANGEL HERNANDEZ

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTINER CE-PRESIDENT