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

SIGNATURE:

FILED **DOCUMENT # A03000001835** 04 MAY 12 PM 12: 29 1. Entity Name HUNDUR, LTD. SECRETARY OF STATE. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 17403 FRONT BEACH ROAD PANAMA CITY FL 32413 17403 FRONT BEACH ROAD PANAMA CITY FL 32413 2. Principal Place of Business 3. Mailing Address Suite. Apt #, etc Suite, Apt # etc CR2E003 (11/03) MOORE Applied For City & State 4. FEI Number City & State Not Applicable Zip Country Žιο 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 HAMM, WILLIAM G Street Address (P.O. Box Number is Not Acceptable) 1007 JENKS AVENUE PANAMA CITY FL 32413 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 Flonda. I am familiar with, and accept the obligations of registered agent SIGNATURE 1 Signature, typed on printed name of ingenerical agent and lipte if approach DATE 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$7,700,000.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # L03000056488 STREET ADDRESS SBBR, LLC MALLE STREET ADDRESS 17403 FRONT BEACH ROAD CITY-ST-ZIP CITY ST-ZIP PANAMA CITY FL 32413 ODCUMENT # STREET ADDRESS MALK STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NALE STREET ADURESS CLIY-ST-ZIP COTY-SI-ZIP ODCUMENT / STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP Daty - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CLTY-ST-ZIP CITY-ST-7P 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 cath, 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.

n Hundler

TED NAME OF SIGNING GENERAL PARTNER

4/28/04