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

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SIGNATURÉ: 🖽

Apr 27, 2004 08:00 AM Secretary of State DOCUMENT # A25732 1. Entity Name 2001 TOWN PIKE SOUND, LTD. Mailing Address Principal Place of Business 7777 GLADES ROAD 7777 GLADES ROAD SUITE 310 **BOCA RATON FL 33434 BOCA RATON FL 33434** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc CR2E003 (11/03) MOORE City & State City & State 4. FEI Number Applied For 65-0186861 Not Applicable Zip Zip Country \$8.75 Additional Cauntry 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHMIER, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 7777 GLADES ROAD SUITE 310 BOCA RATON FL 33434 Zip Code City FI 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions \$30.00 SEE REVERSE SIDE FOR FEE INFORMATION 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # K10175 STREET ADDRESS S.F.A., INC. NAME 7777 GLADES ROAD #310 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** DOCUMENT 4 05/03/04-80094-085 535.00 STREET ADDRESS NAME STREET ADDRESS CHTY+ST-ZIP CITY-ST-ZIP U00000147129 **BOCUMENT** ≢ 05/03/04-80094-005 150.00 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CXTY-ST-ZIP DOCUMENT & STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied withthis 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 eath, 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

-Robert J. Schmier

AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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