2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
2004 APR 21 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A33241

1. Entity Name
TRILOGY HOLDINGS, LTD.

Principal Place of Business	Mailing Address
800 BRICKELL AVE SUITE 201 MIAMI, FL 33131	800 BRICKELL AVE SUITE 201 MIAMI, FL 33131

2. Principal Place of Business	3. Mailing Address
26665 South Bayshore Dr	26665 South Bayshore Dr
Suite, Apt. #, etc.: Suite 601	Suite, Apt. #, etc.: Suite 601
City & State: Coconut Grove, FL	City & State: Coconut Grove, FL
Zip: 33133 Country: USA	Zip: 33133 Country: USA

03182004 Chg-LP CR2E003 (10/03)

4. FEI Number: 65-0346058 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAZOOK, RICHARD J C/O FOLEY & LARDNER 800 BRICKELL AVE SUITE 201 MIAMI, FL 33131	Name: Razook, Richard J. Street Address (P.O. Box Number is Not Acceptable): Hunton & Williams 1111 Brickell Ave Ste 2500 City: Miami FL Zip Code: 33131

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 _____ April 2, 2004
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$108,090,946.00	108,090,946.00

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 #	V11778	STREET ADDRESS	26665 South Bayshore Dr Ste 601
NAME	CARDINAL HOLDINGS, INC.	CITY-ST-ZIP	Coconut Grove, FL 33133
STREET ADDRESS	800 BRICKELL AVE., STE 201		
CITY-ST-ZIP	MIAMI, FL 33131		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	800035822618
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: _____ 3/31/04 305-285-0038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #