


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 FEB 18 PM 3:44

DOCUMENT # A92000000040

1. Entity Name
 THE COLDBROOKE LIMITED PARTNERSHIP



Principal Place of Business
 20320 FAIRWAY OAKS DR., 331
 BOCA RATON, FL 33434

Mailing Address
 20320 FAIRWAY OAKS DR., 331
 BOCA RATON, FL 33434



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

01312004 Chg-LP CR2E003 (10/03)

4. FEI Number
 65-0359306 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MAHLER, I. KENNETH
 20320 FAIRWAY OAKS DR., 331
 BOCA RATON, FL 33434

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: **\$3,800,000.00**

10. Amount of Capital Contributions in FLORIDA to date: **\$3,800,000**

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 # NAME STREET ADDRESS CITY-ST-ZIP	F92000000150 COLDBROOKE, INC. 195 FARMINGTON AVE FARMINGTON, CT 06032	STREET ADDRESS CITY-ST-ZIP	6 Executive Drive Farmington, CT 06032
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	200030005832 03/08/04--01045--009 **535.00
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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: *I. Kenneth Mahler* I. Kenneth MAHLER *6/2/04* 561-470-0944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #