

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

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

|                                                          |                                                                                   |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # A93000001307</b>                           |  |
| 1. Entity Name<br><b>MANSON FAMILY PARTNERSHIP, LTD.</b> |                                                                                   |

|                                                                                |                                                                    |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Principal Place of Business<br><b>291 JAMAICA LANE<br/>PALM BEACH FL 33480</b> | Mailing Address<br><b>291 JAMAICA LANE<br/>PALM BEACH FL 33480</b> |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                     |                   |
|---------------------|-------------------|
| Suite, Apt. #, etc. | Suite, Apt. # etc |
|---------------------|-------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



MOORE CR2E003 (11/03)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-0465830</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                 |                                             |
|-------------------------------------------------|---------------------------------------------|
| 5. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|-------------------------------------------------|---------------------------------------------|

|                                                                             |  |
|-----------------------------------------------------------------------------|--|
| <b>BRADEN, LISA<br/>4623 FOREST HILL BLVD.<br/>WEST PALM BEACH FL 33406</b> |  |
| Name                                                                        |  |
| Street Address (P.O. Box Number is Not Acceptable)                          |  |
| City                                                                        |  |
| <div style="text-align: right;"><b>FL</b> Zip Code</div>                    |  |

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. <b>\$603,924.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
|------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------|

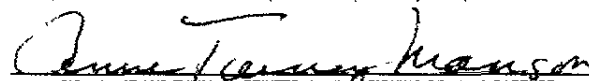
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION |                             | 13. ADDRESS CHANGES ONLY |  |
|---------------------------------|-----------------------------|--------------------------|--|
| DOCUMENT #                      | NAME                        | STREET ADDRESS           |  |
| NAME                            | <b>MANSON, WILLIAM J JR</b> | CITY - ST - ZIP          |  |
| STREET ADDRESS                  | <b>291 JAMAICA LANE</b>     |                          |  |
| CITY - ST - ZIP                 | <b>PALM BEACH FL 33480</b>  |                          |  |
| DOCUMENT #                      | NAME                        | STREET ADDRESS           |  |
| NAME                            | <b>MANSON, ANNE T</b>       | CITY - ST - ZIP          |  |
| STREET ADDRESS                  | <b>291 JAMAICA LANE</b>     |                          |  |
| CITY - ST - ZIP                 | <b>PALM BEACH FL 33480</b>  |                          |  |
| DOCUMENT #                      | NAME                        | STREET ADDRESS           |  |
| NAME                            |                             | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                             |                          |  |
| CITY - ST - ZIP                 |                             |                          |  |
| DOCUMENT #                      | NAME                        | STREET ADDRESS           |  |
| NAME                            |                             | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                             |                          |  |
| CITY - ST - ZIP                 |                             |                          |  |
| DOCUMENT #                      | NAME                        | STREET ADDRESS           |  |
| NAME                            |                             | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                             |                          |  |
| CITY - ST - ZIP                 |                             |                          |  |

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04/27/04-80003-018 526.25

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:**  **April 13, 2004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #