

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

APPROVED  
 AND  
 FILED

04 MAY -6 PM 4:11

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

|                                               |  |
|-----------------------------------------------|--|
| <b>DOCUMENT # A95000002047</b>                |  |
| 1. Entity Name<br>4B FINANCIAL SERVICES, LTD. |  |



|                                                                            |                                                                |
|----------------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business<br>1601 MCCLOSKEY BOULEVARD<br>TAMPA, FL 33605 | Mailing Address<br>1601 MCCLOSKEY BOULEVARD<br>TAMPA, FL 33605 |
|----------------------------------------------------------------------------|----------------------------------------------------------------|

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

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

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

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



04272004 Chg-LP CR2E003 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3355516 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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

|                                                                                                                                                                                 |  |                                                                                                                                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br>PERTNOY, SIDNEY M ESQ.<br>NATIONSBANK TOWER AT INTERNATIONAL PLACE<br>100 S.E. 2ND STREET, 21ST FLOOR<br>MIAMI, FL 33131 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br>Signature, typed or printed name of registered agent and title if applicable. | DATE _____ |
|--------------------------------------------------------------------------------------------------|------------|

|                                                         |                                                         |
|---------------------------------------------------------|---------------------------------------------------------|
| 9. Capital Contributions as Shown on record. \$9,900.00 | 10. Amount of Capital Contributions in FLORIDA to date. |
|---------------------------------------------------------|---------------------------------------------------------|

**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 #                      |                      | STREET ADDRESS           |  |
| NAME                            | BARKETT, HARRY J     | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | 1601 MCCLOSKEY BLVD. |                          |  |
| CITY-ST-ZIP                     | TAMPA, FL 33605      |                          |  |
| DOCUMENT #                      |                      | STREET ADDRESS           |  |
| NAME                            | BARKETT, ANTHONY J   | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | 1601 MCCLOSKEY BLVD. |                          |  |
| CITY-ST-ZIP                     | TAMPA, FL 33605      |                          |  |
| DOCUMENT #                      |                      | STREET ADDRESS           |  |
| NAME                            | BARKETT, RICHARD A   | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | 1601 MCCLOSKEY BLVD. |                          |  |
| CITY-ST-ZIP                     | TAMPA, FL 33605      |                          |  |
| DOCUMENT #                      |                      | STREET ADDRESS           |  |
| NAME                            | BARKETT, KENNETH D   | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | 1601 MCCLOSKEY BLVD. |                          |  |
| CITY-ST-ZIP                     | TAMPA, FL 33605      |                          |  |
| DOCUMENT #                      |                      | STREET ADDRESS           |  |
| NAME                            |                      | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                      |                          |  |
| CITY-ST-ZIP                     |                      |                          |  |
| DOCUMENT #                      |                      | STREET ADDRESS           |  |
| NAME                            |                      | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                      |                          |  |
| CITY-ST-ZIP                     |                      |                          |  |

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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: _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | Date<br>4/26/04 | Daytime Phone #<br>813.243.1988 |
|------------------------------------------------------------------------------------|-----------------|---------------------------------|