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

Cosely Theyer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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Apr 19, 2004 08:00 AM Secretary of State DOCUMENT # A96000002076 1. Entity Name ARNOLD R. MEYER FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 19707 TURNBERRY WAY, SUITE 22 AB AVENTURA FL 33180 19707 TURNBERRY WAY, SUITE 22 AB AVENTURA FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. MOORE CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 65-0732390 Not Applicable Zφ Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NELSON, BARRY A ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O NELSON & ASSOC 2775 SUNNY ISLES BLVD., STE. 118 NORTH MIAMI BEACH FL 33160 City Zip Code F 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, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$10,000,000.00 as Shown on record. in FLORIDA to date 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # P96000086488 STREET ADDRESS ARNOLD R. MEYER FAMILY HOLDINGS, INC. NAME STREET ADDRESS 19707 TURNBERRY WAY, SUITE 22 AB CATY - ST - ZIP AVENTURA FL 33180 CITY-ST-ZIP BOCHMENT 4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-RP DOCUMENT # STREET ADDRESS MARKE STREET ADDRESS CITY-ST-782 CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS MARKE STREET ADD CITY-ST-ZIP CITY-ST-7 Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 319.07(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

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