2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

Mar 05, 2004 08:00 AM Secretary of State DOCUMENT # A97000001324 1. Entity Name RAO FÂMILY PARTNERSHIP, LTD. Principal Place of Business Mailing Address 4430 S. ORANGE BLOSSOM TRAIL 4430 S. ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34746 KISSIMMEE, FL 34746 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02052004 CR2E003 (10/03) Chg-LP City & State City & State 4. FEI Number Applied For 59-7074207 Not Applicable 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 O'SHAUGHNESSY, ROSEMARY Street Address (P.O. Box Number is Not Acceptable) 4430 S. ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34746 City Zip Code FL 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 lamiliar with, and accept the obligations of registered agent. DATE Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions \$990,000.00 as Shown on record. 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 filled to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. P97000041769 DOCUMENT # STREET ADDRESS RAO HOLDINGS, INC. NAME STREET ADDRESS 4430 S. ORANGE BLOSSOM TRAIL 915-72-7713 CITY-ST- 2P KISSIMMEE, FL 34746 DOCUMENT # STREET ADDRESS U00000090128 NAME 03/17/04-80005-010-526.25 STREET ADDRESS City-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP SOCUMENT # STREET ADDRESS NAME STREET ADDRESS CRY ST ZIP CIRY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CETY - ST- ZIP CITY-51-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

FILED