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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

GERARD ALSEN AULT

## Apr 23, 2004 08:00 AM Secretary of State **DOCUMENT # A98000000616** 2055 PBL, LTD Principal Place of Business Mailing Address 800 NORTH FLAGLER DRIVE 800 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 04162004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 65-0849496 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Destred 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARSENAULT, GERARD A 800 NORTH FLAGLER DRIVE Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH, FL 33401 City 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 Signature, typed or printed name of registered agent and site 4 applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$150,000.00 as Snown on record, in FLORIDA to date. 150,000. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY 13. P98000021074 DOCUMENT # STREET ADDRESS 2055 PBL, INC. NAME STREET ADDRESS 800 NORTH FLAGLER DRIVE CUTY - ST - ZIP CRY-ST-ZIP WEST PALM BEACH, FL 33401 DOCUMENT # U00000144838 STREET ADDRESS MAME STREET ADDRESS CITY-ST-BP CHY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP SOCKMENT # STAPLE CHECK STREET ADDRESS NAME STREET ADDRESS CSTY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CATY - ST- ZIP 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

FILED