## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

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City 6 State  Ci	2	2. Principal Place of Business				3. Mailing Address			$\neg$					
Zp Country Zp Country Zp Country Sp Country S S. 27.5 Applicable S. 28.75 Applicable S		Suite, Apt.	, etc.	<u> </u>	Suite	Suite, Apt. #, etc.			<del>-</del>   ,	06162004	Chg-LP	CR2E00	D3 (10V03) (	122
8. Name and Address of Current Registered Agent  T. Name and Address of Hew Registered Agent  T. Name and Address of New Registered Agent  T. Name and Addre		City & State			City	& State		Country			905			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324  Let the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Photos, I am familiar with, and accept the obligations of registered agent, as professional or registered agent, as both, in the State of Photos, I am familiar with, and accept the obligations of registered agent, as professional or registered agent, as both, in the State of Photos, I am familiar with, and accept the obligations of registered agent, as both, in the State of Photos, I am familiar with, and accept the obligations of registered agent, as both, in the State of Photos, I am familiar with, and accept the obligations of registered agent, as both, in the State of Photos, I am familiar with, and accept the obligations of registered agent, as both, in the State of Photos, I am familiar with, and accept the obligation of registered agent, as both, in the State of Photos, I am familiar with, and accept the obligation of registered agent, as both, in the State of Photos, I am familiar with, and accept the obligation of registered agent, as both, in the State of Photos, I am familiar with, and accept the obligation of registered agent, as both, in the State of Photos, I am familiar with, and accept the supplementary agents agents agent		Zip Country		Zip		Cour	5. Certificate of			Status Desired				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL. 33324  Special Address (P.O. Box Number is Not Acceptable)  8. The above named entity submits this disterment for the purpose of changing its registered agent, or both, in the State of Francia. I am furnities with, and accept the obligations of registered agent.  SIGNATURE Special Contributions 9. Capital Contributions 9. Capit		6. Name and Address of Current F				legistered Agent				. Name and A	idress of New	Registered A	gent	
Second Address (P.O. Box Number Is Not Acceptable)  Second Address (P.O. Box Number Is Not Acceptable)  City  FL Zip Code  a. The above narroed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of orgistered agent.  SIGNATURE  Society (P.O. Box Number Is Not Acceptable)  City  FL Zip Code  1. The above narroed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of orgistered agent.  SIGNATURE  SOCIETY (P.O. Box Number Is Not Acceptable)  City  FL Zip Code  1. The above narroed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of orgistered agent.  ONT  SIGNATURE  A CINETAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partiners MAY NOT be changed on the form; an emendment must be filled to change a general partner.  12. CINETAL PARTINER INFORMATION  13. ADDRESS CHANGES ONLY  SIGNATURE  SIGNA	١,							Name			_		_	
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SUBMIT AGENERAL PASTNER 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,  CENERAL PASTNER 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,  CENERAL PASTNER 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,  CENERAL PASTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  SITEM MORES  SITEM MO	[ 1	1200 SOUTH PINE ISLAND ROAD						Street Addre	ess (P.C	). Box Number i	s Not Acceptat	yle)		
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