2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SIGNATURE:

Apr 27, 2004 08:00 AM Secretary of State DOCUMENT # A98000002834 SAMHALL, LTD. Principal Place of Business Mailing Address 4251 - 42ND AVENUE SOUTH 4251 - 42ND AVENUE SOUTH ST. PETERSBURG, FL 33711 ST. PETERSBURG, FL 33711 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 59-3547685 Not Applicable Zo Country Ζφ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAHALL, SAM G 4251 - 42ND AVENUE SOUTH Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG, FL 33711 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 Roxida I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and life if applicable 10. Amount of Capital Contributions 9. Capital Contributions \$5,000,000.00 in FLORIDA to date. ,000,000 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME RAHALL, SAM G STREET ADDRESS 4251 - 42ND AVENUE SOUTH C#TY - ST - Z#P CRTY+ST-ZIP ST. PETERSBURG, FL 33711 U00000147066 05/03/04-80091-001 528.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CSTY-ST-ZIP CITY - ST - ZIP BOCHMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- DP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST- ZIP CRY-SI-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Plorida 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED