2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

04 JAH 21 PM 12: 14 **DOCUMENT # B98000000211** BRANDON LAKES PLAZA, LTD. SECRETARY OF STATE ALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 5930 LBJ FREEWAY, SUITE 400 5930 LBJ FREEWAY, SUITE 400 DALLAS, TX 75240 DALLAS, TX 75240 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 75-2750512 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired ٠,٠ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAPITAL CONNECTION, INC. Street Address (P.O. Box Number is Not Acceptable) 417 E. VIRGINIA, SUITE 1 TALLAHASSEE, FL 32302 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 title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions as Shown on record. - \$858,473.67 in FLORIDA to date. \$858, 473.67 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. 13. ADDRESS CHANGES ONLY M98000000320 DOCUMENT # STREET ADDRESS BRANDON LAKES PLAZA I, L.L.C. NAME 5930 LBJ FREEWAY, SUITE 400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS, TX 75240 OCCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P DOCUMENT# ,, STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 faccurate 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 to execute this report as required by Chapter 620, Florida Statutes 14. I hereby certify that the information indicated on this report is tree and the receiver or trustee empoy 386 -6663 SIGNATURE:

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