


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000001290</b> 1. Entity Name FIMC GAINESVILLE, INC.	
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Principal Place of Business 6363 WOODWAY, SUITE 1000 HOUSTON, TX 77057	Mailing Address 6363 WOODWAY, SUITE 1000 HOUSTON, TX 77057
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<b>DO NOT WRITE IN THIS SPACE</b>
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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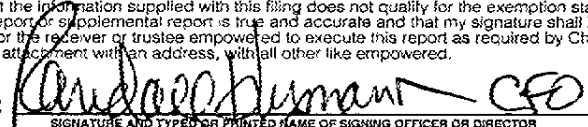
	
01062004 No Chg-P CR2E034 (10/03)	
4. FEI Number 76-0670895	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000032130 02/04/04-80176-825 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DINERSTEIN, JACK 6363 WOODWAY, SUITE 1000 HOUSTON, TX 77057
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DINERSTEIN, T. H 6363 WOODWAY, SUITE 1000 HOUSTON, TX 77057
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CALTAGIRONE, VINCENT T III 6363 WOODWAY, SUITE 1000 HOUSTON, TX 77057
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HUSMANN, RANDALL 6363 WOODWAY, SUITE 1000 HOUSTON, TX 77057
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERRUCCI, MARK A 6363 WOODWAY, SUITE 1000 HOUSTON, TX 77057
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  CFO	1/8/2004 713.570.0300 <small>Date Daytime Phone #</small>

**RANDALL HUSMANN, CFO**