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

Mar 17, 2004 08:00 AM Secretary of State DOCUMENT # A94000000949 WENDBEACH ASSOCIATES LIMITED PARTNERSHIP Mailing Address Principal Place of Business C/O WENDBEACH CORP. C/O WENDBEACH CORP. 27 CENTRAL AVENUE 704 WEST 23RD STREET PANAMA CITY, FL 32405 CORTLÁND, NY 13045 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02122004 CR2E003 (10/03) Čhg-LP Applied For City & State 4. FEI Number City & State 59-3254599 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 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 title if applicable. DATE 10. Amount of Capital Contributions 9. Capital Contributions \$2,343,000.00 in FLORIDA to date. as Shown on record. 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 ADDRESS CHANGES ONLY 125 13. P94000050253 DOCUMENT # STREET ADDRESS WENDBEACH CORP. NAME STREET ADDRESS 704 WEST 23RD STREET CITY-ST-ZIP U000000096642 U3/26/04-80003-025 526.25 CITY-ST-ZIP PANAMA CITY, FL 32405 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-STEZIP 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

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