2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

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DOCUMENT # A00000000612 OL JAM 21 AM 10: 11 1. Entity Name **HUNTER FAMILY LIMITED PARTNERSHIP NO. 2** SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1512 S.W. 5TH AVENUE 1512 S.W. 5TH AVENUE OCALA, FL 34478 OCALA, FL 34478 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 59-3642289 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUNTER, ELLIS B Street Address (P.O. Box Number is Not Acceptable) **1512 S.W. 5TH AVENUE** OCALA, FL 34478 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, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,250,000.00 as Shown on record. in FLORIDA to date. 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. ADDRESS CHANGES ONLY 13. DOCUMENT # STREET ADDRESS NAME HUNTER, ELLIS B TRUSTEE STREET ADDRESS 1512 S.W. 5TH AVENUE 200027308752 CITY-ST-ZIP CITY-ST-ZIP OCALA, FL 34478 DOCUMENT A STREET ADDRESS NAME HUNTER, GLADYS M TRUSTEE STREET ADDRESS 1512 S.W. 5TH AVENUE CITY-ST-7IP CITY-ST-ZIP OCALA, FL 34478 DOCUMENT # STREET ADDRESS JAMES MARSHALL HUNTER NAME STREET ADDRESS 1512 S.W. 5TH AVENUE -. CITY-ST-ZIP CITY-ST-ZIP OCALA, FL 34478 DOCUMENT# STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZEP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 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 352~732~2404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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