2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) - DUE BY MAY 1, 2004

SIGNATURE:

FILED Feb 09, 2004 08:00 AM Secretary of State **DOCUMENT # A00000000677** 1. Entity Name C.R. BASS, LTD. Mailing Address Principal Place of Business POST OFFICE BOX 652 EAST PALATKA FL 32131 POST OFFICE BOX 652 EAST PALATKA FL 32131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E003 (11/03) 4. FEI Number City & State City & State Applied For 59-3640011 Not Applicable Ζip Country Zip 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 BASS, DANIEL R Street Address (P.O. Box Number is Not Acceptable) 121 PALM TRAIL EAST PALATKA FL 32131 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 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$183,086.23 183,086.23 in FLORIDA to date. as Shown on record. SEE REVERSE SIDE FOR FEE INFORMATION 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 12 13. L00000004647 DOCUMENT # STREET ADDRESS D.R. BASS, L.L.C. NAME STREET ADDRESS 121 PALM TRAIL CITY -ST - ZIP CITY-ST-ZIP EAST PALATKA FL 32131 DOCUMENT # 000000070871 STREET ADDRESS 02/28/04-80036-012 526 25 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-782 C/TY - ST - ZIP STAPLE CHECK HERE DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY ST-ZIP 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 emptwered to execute this report as required by Chapter 620, Florida Statutes