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

Apr 01, 2004 08:00 AM Secretary of State DOCUMENT-# A00000000684 1. Entity Name 💇 CHENEY FAMILY LIMITED PARTNERSHIP, LTD. Principal Place of Business Mailing Address 5120 NORTH HILLS DRIVE HOLLYWOOD FL 33021 5120 NORTH HILLS DRIVE HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. MOORE = CR2E003 (11/03) Applied For City & State City & State 4. FEI Number 65-1002390 Not Applicable Zip 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 CHENEY, MARCUS W Street Address (P.O. Box Number is Not Acceptable) 5120 NORTH HILLS DRIVE HOLLYWOOD FL 33021 City Zio 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 \$2,500,000.00 as Shown on record. in FLORIDA to date. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13. DOCUMENT # STREET ADDRESS NAME CHENEY, MARCUS W TRUSTEE STREET ADDRESS 5120 NORTH HILLS DRIVE CITY-ST-ZIP U000001047**0**5 HOLLYWOOD FL 33021 CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS CHENEY, TERRELL S TRUSTEE STREET ADORESS 5120 NORTH HILLS DRIVE CITY+ST-ZIP HOLLYWOOD FL 33021 CITY-SI-ZIP DOCUMENT # STREET ADDRESS MARKE STREET ADDRESS CITY-ST-ZIP C17Y-ST-ZIP DOCUMENT # STREET ADDRESS SEASOF STREET ADDRESS CRTY-ST-7IE CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CATY - ST - ZIP CITY-ST-ZIP STAPLE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CSTY-ST-28P CITY - ST- 712 14. I hereby certify that the information supplied with this filling 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 it 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

ATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER

FILED

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