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SIGNATURE:

2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUMENT # A00000000688 1. Entity Name 3600 PARTNERS, LTD. Principal Place of Business Mailing Address 3998 FAU BOULEVARD, SUITE 307 3998 FAU BOULEVARD, SUITE 307 BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business 3. Mailing Address 3701 FAU Boulevard, Suite 205 3701 FAU Boulevard, Suite 205 01082004 Chg-LP CR2E003 (10/03) Boca Raton, FL 33431 Boca Raton, FL 33431 4. FEI Number Applied For 06-1582162 Not Applicable \$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 HEAD, THOMAS A 3701 FAU Boulevard, Suite 205 3998 FAU BOULEVARD, SUITE 307 Boca Raton, FL 33431 BOCA RATON, FL 33431 C Zip Code 8. The above named entity submits this statement for the purpose of changing its registered of the orregistered agreement or normal time statement for the purpose of changing its registered of the orregistered agreement or normal time statement for the purpose of changing its registered of the orregistered agreement or normal time statement for the purpose of changing its registered of the organization 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 \$10,000.00 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. P00000041539 DOCUMENT # 3701 FAU Boulevard, Suite 205 STREET ADDRESS 3600 DEVELOPMENT CORP. NAME 3998 FAU BOULEVARD, SUITE 307 STREET ADDRESS Boca Raton, FL 33431 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33431 DOCUMENT # STREET ADDRESS 200029805202 03/03/04--01032--029-**158.75 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY, ST-ZIP DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT# . STREET ADDRESS NAME; STREET ADDRESS CITY-SEZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE