2014 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

May 20, 2004 08:00 AM Secretary of State DOCUMENT # A00000000827 1. Entity Name SMIRCICH FAMILY PARTNERSHIP, LTD. Principal Place of Business Mailing Address 4200 IONA STREET TITUSVILLE FL 32796 4200 IONA STREET TITUSVILLE FL 32796 2. Principal Place of Business 3. Mailing Address Suite Ant # etc Suite, Apt #, etc CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 59-3641156 Not Applicable Zio Country Zio 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 SMIRCICH, FRANCES Street Address (P.O. Box Number is Not Acceptable) 4200 IONÁ STREET TITUSVILLE FL 32796 City Zip Code 3. 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 tirle if applicable 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE **=\$67.500.00** 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. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT # STREET ADORESS NAME SMIRCICH, FRANCES TRUSTEE STREET ADDRESS 4200 IONA STREET CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL DOCUMENT # STREET ADDRESS STREET ADDRESS CRTY-ST-TR CITY-ST-ZIP DOCUMENT # STREET ADDRESS MARAF STREET ADDRESS C87Y-ST-782 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS C3TY - S7 - 73P CITY-ST-ZIP DOCUMENT A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C874 - ST - 78P DOCUMENT # STREET ADDRESS NAME STREET AD TRESS CITY-ST-ZIP CHY-ST-ZI

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: FRANCES SMIRCACH

FILED

4/15/04 321-268-0124