2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

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SIGNATURE:

Mar 25, 2004 08:00 AM Secretary of State **DOCUMENT # A00000000842** 1, Entity Name ELIZABETH S. BROOKS FAMILY FLORIDA LIMITED **PARTNERSHIP** Principal Place of Business Mailing Address 1638 LANDS END VILLAGE 1638 LANDS END VILLAGE SOUTH SEAS PLANTATION SOUTH SEAS PLANTATION CAPTIVA, FL 33924 CAPTIVA, FL 33924 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc Suite, Apt. #, etc. 03192004 CR2E003 (10/03) Cha-LP City & State Applied For City & State 4. FEI Number 65-1009828 Not Applicable Country Zìo Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name BROOKS, ELIZABETH S Street Address (P.O. Box Number is Not Acceptable) 1638 LANDS END VILLAGE SOUTH SEAS PLANTATION CAPTIVA, FL 33924 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 89a 8 applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$3,960,000.00 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 ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS BROOKS, ELIZABETH S NAME STREET ADDRESS 1638 LANDS END VILLAGE, SOUTH SEAS PLNTATN CATY - ST - ZIP CITY-ST-ZP CAPTIVA, FL 33924 U00000103849 04/05/04-80070-015 526.25 DOCUMENT + STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MARKE STREET ADDRESS CUTY - ST - 7/P CITY-ST-ZIP SOCUMENT # STREET ADDRESS HAME STREET ADDRESS COY-57-792 CITY-ST-ZP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CUY-SUZIP 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 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 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

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