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

STAPLE

SIGNATURE:

## DOCUMENT # A0000000924 FILED 1. Entity Name POINCIANA AND MCLANE, LTD., LLLP 04 JAN 30 PM 2: 28 Principal Place of Business Mailing Address SECRETARY OF STATE 1900 SUMMIT TOWER BLVD., SUITE 130 1900 SUMMIT TOWER BLVD., SUITE 130 TALLAHASSEE FLORIDA ORLANDO FL 32810 ORLANDO FL 32810 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 59-3650545 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRICE, PAMELA O ESQ. Street Address (P.O. Box Number is Not Acceptable) 301 EAST PINE STREET, SUITE 1400 ORLANDO FL 32801 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, typed or printed name of registered agent and title if applicable. DATE 10. Amount of Capital Contributions in FLORIDA to date. 1,80€, 250.∞ 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions \$20,000,000.00 SEE REVERSE SIDE FOR FEE INFORMATION 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # P94000077938 STREET ADDRESS MARKAY MANAGEMENT, INC. NAME **200027915702** 01/30/04--01019--022 \*\*52 1900 SUMMIT TOWER BLVD., SUITE 130 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32810 F00000001284 DOCUMENT # STREET ADDRESS CANDYMAN CAN PRODUCTIONS, INC. NAME STREET ADDRESS 1900 SUMMIT TOWER BLVD., SUITE 130 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32810 DOCUMENT # STREET ADDRESS NAME-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-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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

Date

Daytime Phone #

RE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER