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

SIGNATURE:

| ſ | | 1, 2004 | erong-FILED | | |
|--------|--|--|--|--|--|
| | DOCUMENT # A0000000976 1. Entity Name | | | SECRETARY OF STATE DIVISION OF CORPORATIONS | |
| | PS NEW ORLEANS BUILDING PARTNERSHIP, LTD. | | | 04 APR -2 AM 10: 53 | |
| | Principal Place of Business Mailing Address | | | | |
| | 2255 CRESCENT DR 2255 CRESCENT DR MT DORA FL 32757 MT DORA FL 32757 | | | | |
| | 2. Principal Place of Business 4426 N. Orange Blossom Trl Suite. Apt. #. etc. 3. Mailing Address 4426 N. Orange Blossom Trl Suite. Apt. #. etc. | | llossom Trl | | |
| | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | MOORE CR2E003 (11/03) | |
| | City & State Oclando, EL | City & State OClando - F | | 4. FEI Number 59-3652309 Applied For Not Applicable | |
| | Zip Country 32804 USA | 32804 | Country | 5. Certificate of Status Desired See Required Fee Required | |
| | 6. Name and Address of Current Re | egistered Agent | Name | 7. Name and Address of New Registered Agent | |
| | RIDOLFO, PHILLIP T JR | | Street Address (P.O. 8ox Number is Not Acceptable) | | |
| | 777 S FLAGLER DR SUITE 300-F | | 700031861227 | | |
| | WEST PALM BEACH FL 33401 | | 04/06/0401024013 **\$26.25 | | |
| | | | City | FL 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 title if applicable. | | | DATE | |
| | 9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. | | | 11: MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 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 | | e form; an amend | ADDRESS CHANGES ONLY | |
| | DOCUMENT # A97000002216 NAME PS BUILDINGS, LTD. | | STREET ADDRESS | 4426 N. Orange Blosson Trl. | |
| | STREET ADDRESS 2255 CRESCENT DR CITY-ST-ZIP MT DORA FL 32757 | | | Orlando, FL 32804 | |
| | DOCUMENT # NAME | ł | | | |
| | STREET ADDRESS CITY-ST-ZIP | ، منازد المحقود الموسود الموسود المساود الموسود الموسود الموسود الموسود الموسود الموسود الموسود الموسود الموسود | - CITY : ST-ZIP > | | |
| | DOCUMENT # NAME | | STREET ADDRESS | | |
| K HERE | STREET ADDRESS CITY-ST-ZIP | | CITY-ST-ZIP | aganggan antikanakantan umi papaman 2 kg kg gannan 22 u dan gatikan sa magaman | |
| | DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | | |
| | | | CITY+ST-ZIP · | | |
| | OCUMENT # AME | | STREET ADDRESS | | |
| CHECK | STREET ADDRESS CITY-ST-ZIE | | CITY-ST-ZIP | , | |
| STAPLE | DOCUMENT # NAME | | STREET ADDRESS | | |
| ST | STREET ADDRESS CITY-ST-ZIP | ¥4 | | | |
| | 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 o the receiver or trustee empowered to execute this report as required by Chapter 520, Florida Statutes | | | | |

DAME OF SIGNING GENERAL PARTNER

2)20/04 Daie

(724) 533 -5055 Daytume Phone #