•2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Apr 29, 2004 08:00 AM Secretary of State

1.	. Entity Nam	ie	# A000000 LAND PROME		i			560	reta	iry c	or State	
0	Principal Place of Business ONE N. CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401 WEST PALM BEACH					STREET, SUITE 305 1, FL 33401						
2.	. Principal P	lace of Busi	ness	3. Ma	3. Mailing Address							
	Suite, Apt.	Suite, Apt. #, etc. City & State			ite. Apt #, etc.			04162004	Chg-LP	CR2E003 (10/03)		
	City & State				y & State			4. FEI Numbe 65-1047		· ·	1	Applied For Not Applicable
	Zip	Country		Zıp	Zip Cour		try		of Status Desired	X	\$8.75 Fee Re	Additional quired
	6. Name and Address of Current Registered Agent							7. Name and	Address of New R	egistered	Agent	
	ONE N. CL	EMATIS	AND G.P., INC. STREET, SUITE H, FL 33401	305			Name Street Address (P.O. Box Numbe	ı is Not Acceptable)		
							City			FI	Zıp	Code
	The above named entity submits this statement for the purpose of changing its register the obligations of registered agent SIGNATURE						ed office or register	red agent, or both	n, in the State of Flo	rida. Lan	n familiar	with, and accept
9	D. Capital Contributions as Shown on record \$751,000.00 In FLORIDA to date						outions					
	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.											
1:	2.	GENERAL PARTNER INFORMATION							ADDRESS CHA			
	OCUMENT ≠ AME	P000000 STERLIN	86940 G WESTLAND G.F	P., INC.	s. s		ET ADDRESS					
1	TREET ADDRESS ITY-ST-ZIP	ONE N. CLEMATIS STREET, SUIT WEST PALM BEACH, FL 33401			E 305		- ST - ZIP		_1100000	10701	2	
I.	OCUMENT # AME					STRE	EFT ADDRESS	<u>## 190000157613</u> ## 05/96/04-80034-013			535.00	
	TREET ADDRESS ITY-ST-ZIP					CITY	-ST-ZIP					
- 1	OCUMENT #					STRE	ET ADDRESS					
	treet address Ity-st-zip					CITY	-ST-ZIP					
	OCUMENT # AME					STRE	EET ADDRESS					
u I	treet address Ity-St-Zip					CITY	-ST-ZIP			<u> </u>		
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CI	TREET ADDRESS	 			·····		-ST-ZIP					
1.	 I hereby of indicated the receiver. 	. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3Xi). 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 of 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 PARTNER