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

SIGNATURE:

SECRETAL OF STATE **DOCUMENT # A0000001699** TIVOLI RESERVE INVESTMENT GROUP LTD. 04 MAR -4 AM II: 57 Principal Place of Business Mailing Address 15340 JOG ROAD 15340 JOG ROAD DELRAY BEACH, FL 33446 .... ... DELRAY BEACH, FL 33446 207 61 25 10% 2. Principal Place of Business 3. Mailing Address 5350W.AHantic Ave 5350 W. Atlantic Suite Apt. #, etc. 01272004 CR2E003 (10/03) Chg-LP Applied For City & State 4. FEI Number 65-1073344 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOŖŅ, GARY A Street Address (P.O. Box Number is Not Acceptable) 20801 BISCAYNE BOULEVARD, SUITE 501 AVENTURA, FL 33180 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 title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$500.00 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. F99000004039 DOCUMENT # STREET ADDRESS HOME DEVCO/TIVOLI, INC. STREET ADDRESS 101 WESTLAKE DRIVE Derray-Beach, FL 33484 BOYNTON BEACH, FL=33436~ CITY-ST-ZIP DOCUMENT # STREET ADDRESS. NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS 100030593821 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IDOCUMENT #1 -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 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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes