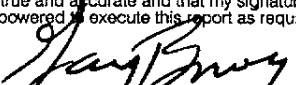


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000001779					
1. Entity Name BOWER ENTERPRISES, LTD.					
Principal Place of Business C/O THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE, SUITE 2400 MIAMI, FL 33131			Mailing Address C/O THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE, SUITE 2400 MIAMI, FL 33131		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-1060774			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FEUERMAN, JONATHAN ESQ. C/O THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE, SUITE 2400 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> DATE _____					
9. Capital Contributions as Shown on record. \$15,150,000.00			10. Amount of Capital Contributions 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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P00000108180		STREET ADDRESS		
NAME	BOWER GROUP, INC.		CITY-ST-ZIP		
STREET ADDRESS	ONE S.E. 3RD AVE., SUITE 2400				
CITY-ST-ZIP	MIAMI, FL 33131				
DOCUMENT #			STREET ADDRESS	U000000135903	
NAME			CITY-ST-ZIP	04/29/04-80004-010 526.25	
STREET ADDRESS					
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
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					
SIGNATURE: 			Gary Bower 01/15/2004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE