2004 LIMITED PARTNERSHIP ANNUAL REPORT **D**ue By May 1, 2004

the receiver or trustee on

SIGNATURE:)

Apr 19, 2004 08:00 AM Secretary of State **DOCUMENT # A00000001903** 1. Entity Name MARCH VENTURES, LTD. Principal Place of Business Mailing Address C/O DOUG E. WIEBEL, CPA 9240 BONITA BEACH RD., #3305 C/O DOUG E. WIEBEL, CPA 9240 BONITA BEACH RD., #3305 BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04072004 Chg-LP CR2E003 (10/03) Applied For City & State 4. FEI Number City & State 59-3687016 Not Applicable Country Zip Country Zin \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name KRAUSE, ANDREW J ESQ. Street Address (P.O. Box Number is Not Acceptable) 5811 PELICAN BAY BLVD., SUITE 600 NAPLES, FL 34108 Cáty Zio 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 10. Amount of Capital Contributions 9. Capital Contributions \$10,000,000.00 in FLORIDA to date. 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. 13. P00000113839 DOCUMENT # STREET ADDRESS MARCH VENTURES, INC. 9240 BONITA BEACH ROAD, SUITE 3305 STREET ADDRESS GITY-ST-ZIP BONITA SPRINGS, FL 34135 CITY-ST-ZIP U00000131467 DOCUMENT # 04/27/04-80006-025 526.25 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A 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-ZIE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. It hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report is rue and accurate and that my signature shall have the same logal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee employment to execute this report as required by Chapter 620, Florida Statutes

FILED