2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

Mar 17, 2004 08:00 AM Secretary of State DOCUMENT # A01000000247 BERAJA INVESTMENTS, LTD. Principal Place of Business Mailing Address 2550 DOUGLAS ROAD, FIRST FLOOR 2550 DOUGLAS ROAD, FIRST FLOOR CORAL GABLES, FL 33134-6126 CORAL GABLES, FL 33134-6126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132004 CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 65-1085476 Not Applicable Zıp Country Zip Соипту \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEVIN, STANTON G ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O LEVIN & ANDRESS 1570 MADRUGA AVE., SUITE #311 CORAL GABLES, FL 33146 Zip Code 5. 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 Amount of Capital Contributions in FLORIDA to date. \$7,473,663.00 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. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT # P01000016889 STREET ADDRESS BERAJA INVESTMENTS, INC. NAME STREET ADDRESS 2550 DOUGLAS ROAD, FIRST FLOOR CITY-ST-ZIP 000000096214 03/25/04-80018-011-526.25 CITY-ST-ZIP CORAL GABLES, FL 331346126 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CDV-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

13-02 - OU

CITY-ST-ZIP

SIGNATURE:

FILED