2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

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SIGNATURE

FILED Apr 27, 2004 08:00 AM Secretary of State DOCUMENT # A01000000620 1. Entity Name LARAMIE RIVER BAY LIMITED PARTNERSHIP Mailing Address Principal Place of Business 500 NORTH BROADWAY 500 NORTH BROADWAY JERICHO NY 11753 JERICHO NY 11753 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. CR2E003 (11/03) MOORE City & State City & State 4. FEI Number Applied For 11-3597707 Not Applicable Žip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. Street Address (P.O. Box Number is Not Acceptable) 103 N. MERIDIAN STREET TALLAHASSEE FL 32301-0000 City Zip Code FL 4. 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 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions \$1,038,000.00 as Shown on record. in FLORIDA to date SEE REVERSE SIDE FOR FEE INFORMATION 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. DOCUMENT # F01000002420 STREET ADDRESS LARAMIE RIVER BAY, INC. NAME STREET ADDRESS 500 NORTH BROADWAY CITY - \$7 - ZIP CRY-ST-ZIP JERICHO NY 11753 DOCUMENT # STREET ADDRESS NAME U00000147056 -STREET ADDRESS 05/03/04-80090-016 526.25 CITY-ST-ZIP City+S1-ZiP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP C37Y-S1-789 DOCUMENT # STREET ADDRESS KAME STREET ADDRESS CITY-ST-ZIP CETY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADORESS CHY-SI-ZIP CITY-ST-ZIP **BOCUMENT** STREET ADDRESS NAME STREET ADDRESS CITY-SI-ZP CRTY - ST- ZNP 14. Thereby 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 example this report as required by Chapter 620, Florida Statutes