2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUMENT # A01000000813 04 HAY 28 PM 1: 04 THISTLE DOWNS LIMITED PARTNERSHIP SECRETARY OF STATE . TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address C/O WALTER J. MACKEY, JR. C/O WALTER J. MACKEY, JR. 2247 PALM BEACH LAKES BLVD SUITE 204 2247 PALM BEACH LAKES BLVD SUITE 204 WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062004 Chq-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 65-1115999 Not Applicable Zip Zip Country Country \$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 MACKEY, WALTER J JR Street Address (P.O. Box Number is Not Acceptable) 2247 PALM BEACH LAKES BLVD SUITE 204 WEST PALM BEACH, FL 33409 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 \$100,000.00 as Shown on record. in FLORIDA to date. \$100,000.00 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. P01000058131 DOCUMENT # STREET ADDRESS THISTLE DOWNS VENTURES INC 2247 PALM BEACH LAKES BLVD SUITE 204 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33409 790837847777 06/10/04--01013--032 **\$26.75 DOCUMENT # 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 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 Statules. 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 see this report as required by Chapter 620, Florida Statules

INC., GENERAL PARTNER

President 4/16/04 (561)

684-8811

THISTLE

SIGNATURE

FILED