2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8; 2004

FILED Sep 17, 2004 08:00 AM Secretary of State DOCUMENT # A01000001047 THE PUTNAM VALLEY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 3940 INVERRARY BLVD 3940 INVERRARY BLVD #A205 #A205 LAUDERHILL, FL 33319 LAUDERHILL, FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 07122004 Cha-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 75-2980174 Not Applicable Zìp 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 GOLDSTEIN, ROSE Y Street Address (P.O. Box Number is Not Acceptable) 3940 INVERRARY BLVD #A205 LAUDERHILL, FL 33319 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 typed or printed name of registered agent and title if applicable. DATE In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. 10. Amount of Capital Contributions 9. Capital Contributions \$250,000.00 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT # P01000043344 STREET ADDRESS PUTNAM VALLEY, INC. NAME STREET ADDRESS 3940 INVERRARY BLVD #A205 CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL, FL 33319 000000172273 09/17/04-80001-005 526.25 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 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-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 empoweyed to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

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718-343-9516