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

## May 14, 2004 08:00 AM Secretary of State DOCUMENT # A01000001203 1. Entity Name ROBIN GARVIN LIMITED PARTNERSHIP Principal Place of Business Mailing Address 109 HILLCREST CT 109 HILLCREST CT STUART FL 34996 STUART FL 34996 Principal Place of Business 3. Mailing Address Suite, Apt. # etc Suite, Apt. #. etc. MOORE CR2E003 (11/03) 4. FEI Number City & State City & State Applied For 65-1146371 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAURER, E. STEVEN Street Address (P.O. Box Number is Not Acceptable) 3426 OCEAN DRIVE VERO BEACH FL 32963 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 life 4 app nable DATE 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$442,381.00 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 12. ADDRESS CHANGES ONLY 13. P01000086370 DOCUMENT # STREET ADDRESS NAME ROBIN GARVIN HOLDINGS, INC. 109 HILLCREST CT STREET ADDRESS CUTY - ST - 7/P U00000160898 CITY-ST-ZIP STUART FL 34996 <del>US/18/04-80007-019-526.2</del>5 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 CUTY-ST-ZIP CHECK HERE DOCUMENT # STREET ACDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE DOCUMENT # STREET ADDRESS NAME DDRESS STREET CITY-ST-ZIP CHY-ST-ZIP 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 execute this report as required by Chapter 620. Florida Statutes.

Gav ULL

TUPE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

**FILED**