2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED **DOCUMENT # A01000001308** 2004 APR 26 AM 9: 31 1. Entity Name MCDONALD REAL ESTATE, LLLP SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 201 TRANQUILITY COVE 201 TRANQUILITY COVE #220 #220 ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32701 2. Principal Place of Business 3. Mailing Address 39144 Harbor Hills Blud. Hills Blod 39144 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (10/03) 04072004 Chg-LP City & State City & State 4. FEI Number Applied For Lake FL ad Lad-59-3744870 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32159 32159 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAME) McDonall MCDONALD, PETER Street Address (P.O. Box Number is Not Acceptable) 201 TRANQUILITY COVE #220 ALTAMONTE SPRINGS, FL 32701 Blue 39 144 /1://s Harbor Zip Code 3 2 1 5 9 Lake Lady 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. 200036286982 05/14/04--01007--007 SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions 1,265,760.00 \$5,000,000,00 as Shown on record. in FLORIDA to date. 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 DOCUMENT # V59852 Blud. STREET ADDRESS Harbor Hills 39144 MCPETE, INC. NAME STREET ADDRESS 201 TRANQUILITY COVE 32159 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701 DOCUMENT # STREET ADDRESS 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, 7IP CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP 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 President moPete Inc. 4/22/04 352-753-7534 SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #