**2003 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

DOCUMENT # A01000001391 04 JUL 13 AM 10: 40 FLOWERWOOD II LIMITED PARTNERSHIP SEPRETHAY OF STATE TALLAMASSIE FLORIDA MJH Principal Place of Business Mailing Address 15315 KELLY RD. P.O. BOX 7 LOXLEY, AL 36551 LOXLEY, AL 36551 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06032004 Chq-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied 04-3587927 Not Applicable 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 REINHARDT, ERIC C Street Address (P.O. Box Number is Not Acceptable) 13340 WEST COLONIAL DRIVE, SUITE 220 WINTER GARDEN; FL 34787 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 \$80,000.00 as Shown on record. in FLORIDA to date. \$8,000 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 13. DOCUMENT # STREET ADDRESS WALL, ŜALLY ANN NAME STREET ADDRESS P.O. BOX 665 CITY-ST-7IP CITY-ST-ZIP LOXLEY, AL. 36551 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 600033688276 CITY-ST-ZIP 07/29/04--01031--005 CITY-ST-ZIP **544.75 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS STAPLE CHECK STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCHMENT # STREET ADDRESS MAME TREET 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 empowered to execute this report as required by Chapter 620, Florida Statutes sally S. Wall SIGNATURE:

FILED