
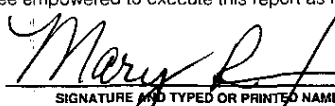


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

<b>DOCUMENT # A01000001415</b>				<b>FILED</b> <b>04 JUN 22 AM 9:28</b> <b>CLERK OF THE CIRCUIT COURT</b> <b>TALLAHASSEE, FLORIDA</b> <b>MJH</b>	
<b>1. Entity Name</b> THE CUNNINGHAM FAMILY LIMITED PARTNERSHIP					
<b>Principal Place of Business</b> 3 SIGNAL AVE., SUITE A ORMOND BEACH FL 32174		<b>Mailing Address</b> 3 SIGNAL AVE., SUITE A ORMOND BEACH FL 32174			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 04-3648495 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6/22	
<b>6. Name and Address of Current Registered Agent</b>  CHIUMENTO, MICHAEL D 4 OLD KINGS ROAD NORTH, SUITE B PALM COAST FL 32137				<b>7. Name and Address of New Registered Agent</b>  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
<b>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.</b>  SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>9. Capital Contributions</b> as Shown on record. <b>\$2,000,000.00</b>		<b>10. Amount of Capital Contributions</b> in FLORIDA to date.		<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE</b> <b>SEE REVERSE SIDE FOR FEE INFORMATION</b>	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>				<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT #	P01000101703			STREET ADDRESS	<b>600038769706</b> <b>07/06/04--01057--015 **535.00</b>
NAME	PM CUNNINGHAM, INC.			CITY-ST-ZIP	
STREET ADDRESS	3 SIGNAL AVE., SUITE A				
CITY-ST-ZIP	ORMOND BEACH FL 32174				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
<b>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</b>					
<b>SIGNATURE:</b> 				4/29/04 <b>386-677-5044</b> Date Daytime Phone	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					