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

DOCUMENT # A01000001602 1. Entity Name LAVERGNE INDUSTRIAL ASSOCIATES, LTD. Mailing Address Principal Place of Business 300 S.E. 2ND STREET 300 S.E. 2ND STREET FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. # etc. CR2E003 (11/03) MOORE City & State City & State 4. FEI Number Applied For 65-1158877 Not Applicable Zıp Country Zıp 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 JONES, PATRICIA Street Address (P.O. 8ox Number is Not Acceptable) 300 S.E. 2ND STREET FT. LAUDERDALE FL 33301 Zip Code City 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 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$7,350,000.00 as Shown on record. in FLORIDA to date. \$7,350,000.00 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT # P01000116163 STREET ADDRESS LAVERGNE INDUSTRIAL ASSOCIATES, INC. NAME STREET ADDRESS 300 S.E. 2ND STREET CITY-ST-ZIP U00000160181 C!TY-ST-ZIP FT, LAUDERDALE FL 33301 95/13/04-20010-022-526,25 DOCUMENT # STREET ADDRESS MANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-\$1-21P CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-2IP 14. Thereby certify that the information supplied with his 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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

FILED

May 06, 2004 08:00 AM Secretary of State