## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

Joseph Garcia, General Partner

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE

SIGNATURE:

## Mar 12, 2004 08:00 AM DOCUMENT # A01874 Secretary of State BIG BEND FARMS, LTD. Principal Place of Business Mailing Address 2560 BARNETT PLAZA PO BOX 1102 101 E. KENNEDY BLVD. TAMPA, FL 33601-1102 TAMPA, FL 33602 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02182004 CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 59-1434550 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARCIA, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 2560 BARNETT PLAZA TAMPA, FL 33602 Zip Code FL 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, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$225,000.00 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS GARCIA, JOSEPH NAME STREET ADDRESS 2014 WOODBERRY ROAD CITY-ST-ZIP CITY-ST-ZIP BRANDON, FL 33510 DOCUMENT A STREET ADDRESS U000000095041 CAREY, GERTRUDE E NAME <del>03/24/04-88012-025-526.25</del> STREET ADDRESS 1602 COTTAGEWOOD DRIVE CITY-ST-ZIP CITY-ST-ZIP BRANDON, FL 33510 DOCUMENT # STREET ADDRESS NAME STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP DOCUMENT # STREET AUDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling floes 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 ply 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 required by Chapter 620, Florida Statutes

3/9/04

(813)222-8505

Daytime Phone #

FILED