2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SIGNATURE:

SECRETARY OF STATE PRINT OF CORPORATIONS DOCUMENT # A02000000091 04 APR 15 PM 3: 48 C. H. CONSULTING, LTD. Principal Place of Business Mailing Address 6823 VISTA PARKWAY NORTH 6823 VISTA PARKWAY NORTH WEST PALM BEACH, FL 33411 WEST PALM BEACH, FL 33411 2. Principal Place of Business 3. Mailing Address 6534 Rock..Creek Drive 6534 Rock Creek Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 04122004 Chq-LP CR2E003 (10/03) City & State Lake Worth, Florida Lake Worth, Florida 4. FEI Number Applied For 03-0379495 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33467 USA 33467 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Chris A. Heine PERRY, CHERYL Y 6823 VISTA PARKWAY NORTH Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH, FL 33411 6534 Rock Creek Drive Zip Code Lake Worth 33467 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. Chris A. Heine SIGNATURE Signature, typed or printed name of registered agent and little if applicable. 4/12/04 DATE 9. Capital Contributions 16. Amount of Capital Contributions \$3,000.00 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 ADDRESS CHANGES ONLY 12. 13. P00000103016 DOCUMENT # STREET ADDRESS 6534 Rock Creek Drive C. H. CONSULTING, INC. STREET ADDRESS 6823 VISTA PARKWAY NORTH CITY-ST-ZIP West Palm Beach, FL 33467 CITY-ST-ZIP WEST PALM BEACH, FL 33411 STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 500035807715 5/10/04--01051--007 **14 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME 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-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

Chris A. Heine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED

4/12/04

Daytime Phone #