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

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SIGNATURE:

SIGNATURE

INTED NAME OF SIGNING GENERAL PARTNER

AND FILED **DOCUMENT # A02000000201** 1. Entity Name 04 APR -9 PM 4: 08 DEERFIELD BEACH DEVELOPERS, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 321 EAST HILLSBORO BLVD. DEERFIELD BEACH FL 33441 321 EAST HILLSBORO BLVD. DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E003 (11/03) Applied For City & State City & State 4. FEI Number 74-3033544 Not Applicable Country Zip 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 TED STOTZER STREET, BRIAN Street Address (P.O. Box Number is Not Acceptable) C/O DEERFIELD LAND HOLDINGS III, INC. 321 E HILLSBORO BLVD 321 EAST HILLSBORO BLVD. DEERFIELD BEACH FL 33441 Zip Code 33441 DEERFIELD BEACH 6. 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 11. MAKE CHECK PAYABLE TO FLYDEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$15,000.00 as Shown on record in FLORIDA to date. 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION DOCUMENT # P01000061143 STREET ADDRESS NAME DEERFIELD BEACH HOLDINGS III, INC. STREET ADDRESS 321 EAST HILLSBORO BLVD. CITY-ST-ZIP 900033167849 04/20/04==01059==007 ***193.75 DEERFIELD BEACH FL 33441 CITY-ST-ZIF DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP 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 CITY-ST-ZIP th this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 this report as required by Chapter 620, Florida Statutes 14. Thereby certify that the information suppl indicated on this report is true and acc the receiver or trustee empowered to

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