2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

Mar 10, 2004 08:00 AM **DOCUMENT # A02000000245** Secretary of State CITLO III LIMITED PARTNERSHIP Principal Place of Business Mailing Address 220 ALHAMBRA CIRCLE 220 ALHAMBRA CIRCLE STE 700 SUITE 700 CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 US 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc. 02122004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 01-0614178 Not Applicable Zip Country Zip 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 STUZIN, CHARLES B Street Address (P.O. Box Number is Not Acceptable) 220 ALHAMBRA CIRCLE SUITE 700 CORAL GABLES, FL 33134 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions \$0.00 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. DOCUMENT # P00000111376 STREET ADDRESS NAME STUZIN ENTERPRISES, INC. STREET ADDRESS 220 ALHAMBRA CIRCLE, STE 700 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES, FL 33134 <u>UNOONNO82711</u> 03/10/04-80008-002 141.25 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 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 exercise and that the significant 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 empty which to execute this report is required by Chapter 620, Florida Statutes

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