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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## DOCUMENT # A02000000280 SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name KIRK FAMILY PROPERTIES, LTD. OL APR 14 PH 12: 58 Principal Place of Business Mailing Address 1250 BEACH DRIVE, N.E. ST. PETERSBURG FL 33701 1250 BEACH DRIVE, N.E. ST. PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address 1999 MCKINNEY AVE 1999 MCKINNEY AVE Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E003 (11/03) #2008 #2008 City & State City & State 4. FEI Number Applied For 03-0394993 DALLAS TX DALLAS TX Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 75201 75201 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SADORF, RICK W Street Address (P.O. Box Number is Not Acceptable) C/O LEFTER, CUSHMAN & WILKINSON, P.A. 695 FIRST AVENUE NORTH, SUITE 201 ST. PETERSBURG FL 33701 City Zip Code 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, 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$1,649,250.00 19,122 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. L02000003635 DOCUMENT # STREET ADDRESS 1999 MCKINNEY AVE #2008 NAME KIRK HOLDINGS, LLC STREET ADDRESS 1250 BEACH DRIVE, N.E. CITY-ST-ZIP DALLAS TX 75201 CiTY-ST-7iP ST. PETERSBURG FL 33701 DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # 000034483960 STREET ADDRESS NAME -04/28/04--01071--003 \*\*222.50 STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STAPLE CHECK STREET ADDRESS CITY-ST-7IP CiTY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-74P 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.

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Date Daylime Phone #