

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

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000000694</b> 1. Entity Name <b>THE MARY H. HAMILTON FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>SUITE F-520          8912 PINNACLE PEAK DRIVE          SCOTTSDALE, AR 85255</b>			Mailing Address <b>SUITE F-520          8912 PINNACLE PEAK DRIVE          SCOTTSDALE, AR 85255</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03092004    Chg-LP    CR2E003 (10/03)	
Zip                      Country		Zip                      Country		4. FEI Number <b>03-0460046</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>KNIGHT, NEAL W JR.          ALLEY, MAASS ET AL.          321 ROYAL POINCIANA PLAZA, SOUTH          PALM BEACH, FL 33480</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$1,700,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P02000052186		STREET ADDRESS		
NAME	M.H.H. MANAGEMENT, INC		CITY - ST - ZIP		
STREET ADDRESS	8912 PINNACLE PEAK DRIVE, SUITE F-520		STREET ADDRESS		
CITY - ST - ZIP	SCOTTSDALE, AR 85255		CITY - ST - ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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					
<b>M.H.H. Management, Inc.</b>					
SIGNATURE: By: <i>Dennis H. Stewart</i>			Date: <i>3/23/04</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER                      Daytime Phone #					
Its Director					

STAPLE CHECK HERE