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

Feb 11, 2004 08:00 ÅM Secretary of State **DOCUMENT # A02000000880** 1. Entity Name HARLLEE INVESTMENTS, LTD. Mailing Address Principal Place of Business 2106 5TH AVENUE WEST 2106 5TH AVENUE WEST PALMETTO FL 34221 PALMETTO FL 34221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. MOORE CR2E003 (11/03) City & State Applied For City & State 4. FEI Number 03-0468122 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 HARLLEE, JOHN P III 1227 9TH AVENUE WEST Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34205** 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 DATE Signature, typed or printed name of registered agent and title if applicable 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$5,000,000.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. DOCUMENT # STREET ADDRESS NAME HARLLEE, JOHN P III 1227 9TH AVENUE WEST STREET ADDRESS U00000089135 CITY-ST-ZIP CITY - ST - ZIP BRADENTON FL 34205 DOCUMENT # STREET ADDRESS NAME BOYLSTON, ALICE H STREET ADDRESS 2106 5TH AVENUE WEST CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 DOCUMENT # STREET ADDRESS **N**AME STREET ADDRESS CITY-ST-ZIP CNTY-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 MAME SEREET ADDRESS CITY-ST-ZIP 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

NING GENERAL PARTNER

SIGNATURE:

FILED