2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED **DOCUMENT # A02000001096** 2004 APR 26 AM 9: 26 TOLL ESTERO LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3103 PHILMONT AVENUE 3103 PHILMONT AVENUE HUNTINGDON VALLEY, PA 19006 **HUNTINGDON VALLEY, PA 19006** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062004 Chg-LP CR2E003 (10/03) City & State City & State Applied For 4. FEI Number 72-1539292 Not Applicable Country Country Zip \$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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$9,500.00 \$9,500.00 in FLORIDA to date. as Shown on record, 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 13 DOCUMENT # P94000082800 STREET ADDRESS NAME **TOLL FL GP CORP** STREET ADDRESS 3103 PHILMONT AVENUE CITY-ST-ZIP CITY-ST-ZIP HUNTINGDON VALLEY, PA 19006 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 400036288864 DOCUMENT # 05/14/04--01012--005 **155.25 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME

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

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP 5

4,

4/15/04

(215) 938-8000

Daytime Phone #