2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004 -

CHECK HERE

STAPLE

FILED DOCUMENT # A02000001149 04 AUG -4 AM 10: 24 RANCHO BERNARDO CORPORATE CENTER, LTD. SEW STARY OF STATE TALLAMASSEE FLORIDA Principal Place of Business Mailing Address 11512 EL CAMINO REAL, SUITE 100 11512 EL CAMINO REAL, SUITE 100 SAN DIEGO, CA 92130 SAN DIEGO, CA 92130 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (10/03) 07122004 Chq-LP Applied For 4. FFI Number City & State City & State 95-3814547 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name F & L CORPORATION Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE **SUITE 1300** JACKSONVILLE, FL 32202 Zip Code City 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. 9. Capital Contributions 10. Amount of Capital Contributions \$5,000,000.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. F96000004543 DOCUMENT # STREET ADDRESS DOUGLAS ALLRED COMPANY NAME STREET ADDRESS 11512 EL CAMINO REAL, SUITE 100 CITY-ST-ZIP CITY-ST-ZIF SAN DIEGO, CA 92130 700040263197 08/17/04--01077--006 **926.25 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 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-ZIP CITY-&T-ZIP ming does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information I my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership port as a quired by Chapter 620, Florida Statutes 14. I hereby certify that the information supplied with the indicated on this report is true and accurate and the receiver or trustee empowered to execute the second control of the contr raul C. Christman SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER