

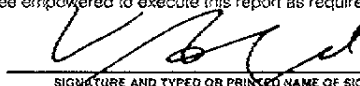


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000001452 1. Entity Name BOD PARTNERS, LLLP					
Principal Place of Business 2300 GLADES ROAD, SUITE 100E BOCA RATON, FL 33431			Mailing Address 2300 GLADES ROAD, SUITE 100E BOCA RATON, FL 33431		
2. Principal Place of Business Suite, Apt. #, etc		3. Mailing Address Suite, Apt. #, etc		 02172004 Chg-LP CR2E003 (10/03) 4. FEI Number 14-1853841 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State			
Zip Country		Zip Country			
6. Name and Address of Current Registered Agent BOD EQUITY, LLC 2300 GLADES ROAD, SUITE 100E BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
B. 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 \$0.00			10. Amount of Capital Contributions in FLORIDA to date		
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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	L02000029278 BOD EQUITY, LLC 2300 GLADES ROAD, SUITE 100E BOCA RATON, FL 33431		STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 5px; text-align: center;"> U00000111238 04/13/04-800009-002 141.25 </div>	
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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)(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.					
SIGNATURE: 			William R. Greenfield 3/15/04 561-392-6662		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE