2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SECRETARY OF STATE **DOCUMENT # A02000001506** DIVISION OF CORPORATIONS PETERS FAMILY INTERESTS, LTD. NU APR IL PM 12:58 Mailing Address Principal Place of Business C/O DAVID G. ARMSTRONG C/O DAVID G. ARMSTRONG 1201 GEORGE BUSH BLVD. 1201 GEORGE BUSH BLVD. DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 2. Principal Place of Business 3. Mailing Address C/O David G. Armstrong C/O David G. Armstrong Suite And #_etc Ocean Blvd, #206 4600 N. Ocean Blvd.. #206 03182004 CR2E003 (10/03) City & State Applied For 4. FEI Number Boynton Beach, FL Boynton Beach, FL 57-1137054 Not Applicable Country ^{Zip}33435 33435 Country \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Armstrong, David G. ARMSTRONG, DAVID G Street Address (P.O. Box Number is Not Acceptable) 1201 GEORGE BUSH BLVD. DELRAY BEACH, FL 33483 4600 N. Ocean Blvd., Suite 206 Boynton Beach, 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 egistered agent SIGNATURE . Capital Contributions 10. Amount of Capital Contributions \$1,485,000.00 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. P02000119493 DOCUMENT # STREET ADDRESS 4600 N. Ocean Blvd, Suite 206 M.S. PETERS, INC. NAME STREET ADDRESS 1201 GEORGE BUSH BLVD. CITY-ST-7IP Boynton Beach, FL City-ST-7IP DELRAY BEACH, FL 33483 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS 100034489241 04/28/04--01071--023 **526.25 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 it 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: Daytime Phone

General Partner

FILED