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

SIGNATURE:

DOCUMENT # A03000000021 1. Entity Name BUNTING FAMILY LIMITED PARTNERSHIP 04 APR -6 AM 10: 44 Principal Place of Business Mailing Address 7352 ROCKBRIDGE CIRCLE 7352 ROCKBRIDGE CIRCLE LAKE WORTH FL 33467 LAKE WORTH FL 33467 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (11/03) MOORE City & State 4. FEI Number 56-244496 Applied For City & State Not Applicable Country Zip Country \$8.75 Additional Zip 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **BUNTING, CHARLES** Street Address (P.O. Box Number is Not Acceptable) 7352 ROCKBRIDGE CIRCLE LAKE WORTH FL 33467 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 SIGNATURE -Signature, typed or printed name of registered age 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 6. Amount of Capital Contributions 9. Capital Contributions \$322,000.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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 GENERAL PARTNER INFORMATION 12. DOCUMENT # STREET ADDRESS NAME BUNTING, CHARLES STREET ADDRESS 7352 ROCKBRIDGE CIRCLE CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP City-St-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DOCUMENT** # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP HERE DOCUMENT # STREET ADDRESS NAME STAPLE CHECK STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET 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

G GENERAL PARTNER

Daytime Phone #