APPROVEL 2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) **DUE BY MAY 1, 2004 DOCUMENT # A03000000075** 04 APR -9 PM 4: 16 1. Entity Name LEGACY PARK VENTURE, L.L.L.P. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business C/O AVANTI PROPERTIES GROUP C/O AVANTI PROPERTIES GROUP 431 E. HORATIO AVE. MAITLAND FL 32751 431 E. HORATIO AVE. MAITLAND EL 32751 Pennsylvania are Mailing Address Principal Place of Business

33 N. Pannsylvania Suite, Apt. #, etc. CR2E003 (11/03) MOORE 4. FEI Number \$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 SCHWARTZ, CHARLES C/O AVANTI PROPERTIES GROUP 431 E. HORATIO-AVE. MATTLAND FL 32751 8. The above named entity submits this statement for the purpose of changing its registered office or registered age int, 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 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$1,000,000.00 SEE REVERSE SIDE FOR FEE INFORMATION 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. DOCUMENT # A0300000074 STREET ADDRESS LEGACY PARK (ORLANDO) AIP IV, L.L.L.P. NAME STREET ADDRESS 431 E HORATIO AVE CITY-ST-7IP CITY-ST-ZIP MAITLAND FL 32751 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 NAME CHECK STREET ADDRESS CITY-ST-ZIP CITY-ST-ZE STAPLE 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Applied For Not Applicable