## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

**DOCUMENT # A03000000184** 04 APR -2 PM 4: 39 THE MCELROY FAMILY LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 321 ROYAL POINCIANA PLAZA SOUTH 321 ROYAL POINCIANA PLAZA SOUTH PALM BEACH, FL 33480 PALM BEACH, FL 33480 3. Mailing Address 2. Principal Place of Business ∕o Neal W. Knight, Jr c/o Neal W. Knight, Suite, Apt. #, etc. Suite, Apt. #, etc. 03102004 CR2E003 (10/03) 321 Royal Poinciana Plaza 321 Royal Poinciana Plaza S City & State Palm Beach, City & State Palm Beach, FL. 4. FEI Number Applied For Not Applicable <u>54-2112723</u> Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired . USA USA. 33480 33480 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Neal W. Knight, Jr.
Street Address (P.O. Box Number is Not Acceptable) MCELROY, JOHN L 321 ROYAL POINCIANA PLAZA SOUTH 321 Royal Poinciana Plaza S PALM BEACH, FL 33480 City Palm Beach Zip Code 33480 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 the obligations of registered agent. NEML W. KNIGHT, IR SIGNATURE Signature, typed or printed name of registered agen 9. Capital Contributions 10. Amount of Capital Contributions \$3,878,388.00 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 12. ADDRESS CHANGES ONLY P03000007861 DOCUMENT # STREET ADDRESS D.B.M. MANAGEMENT COMPANY, INC. NAME 321 ROYAL POINCIANA PLAZA SOUTH STREET ADDRESS CITY-ST-ZIP 800032836138 CITY-ST-ZIP PALM BEACH, FL 33480 <del>04/15/04 01010 012 \*\*526.</del> DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT A 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 VIZIP . DOCUMENT # STREET ADDRESS NAME 🗓 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE 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 D.B.M. Management Company, Inc., General Partner 5008884499

IATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

John McElroy

Its President

APPROVE