2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED **DOCUMENT # A0300000185** 04 APR -2 PM 4: 38 THE MARJORIE LEBOUTILLIER MCELROY FAMILY SECRETARY OF STATE TALLAHASSEE, FLORIDA LIMITED PARTNERSHIP Principal Place of Business Mailing Address 321 ROYAL POINCIANA PLAZA SOUTH 321 ROYAL POINCIANA PLAZA SOUTH PALM BEACH, FL 33480 PALM BEACH, FL 33480 2. Principal Place of Business 3. Mailing Address c/o Neal W. Knight, Jr. <u>/o Neal W. Knight, Jr.</u> Suite, Apt. #, etc. 321 Royal Poinciana Plaza S Suite, Apt. #, etc. 03102004 Chq-LP CR2E003 (10/03) 321 Royal Poinciana Plaza S City & State
Palm Beach, FL City & State Palm Beach, FL 4. FEI Number Applied For 54-2112719 Not Applicable Zip Zip Country , \$8.75 Additional Country 5. Certificate of Status Desired 33480 · USA USA 33480 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Neal W. Knight, Jr. MCELROY, JOHN L Street Address (P.O. Box Number is Not Acceptable) MCELROY MANAGEMENT COMPANY, INC. 321 Royal Poinciana Plaza South 321 ROYAL POINCIANA PLAZA SOUTH PALM BEACH, FL 33480 Zip Code FL Palm Beach 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 with, and accept the obligations of registered ager NEAL W. KNIGHT, TR SIGNATURE 9. Capital Contributions 10. Amount of Capital Contributions \$4,503,348.00 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. 13. P03000013766 DOCUMENT # STREET ADDRESS MCELROY MANAGEMENT COMPANY, INC. NAME STREET ADDRESS 321 ROYAL POINCIANA PLAZA SOUTH CITY-ST-7IP 500032836165 CITY-ST-ZIP PALM BEACH, FL 33480 04/15/04--01018--014 **526.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY: ST-ZIP CITY-ST-ZIP 14. (heleby 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. Inc., General Partner McElroy Management Company,

March 29, oct

8008884299

Daytime Phone

APPRUVE:

AND

Its President

NTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: By