2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

HERE

STAPLE CHECK

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

AT AT CORPORATIONS DOCUMENT # A03000000203 O4 APR 13 PM 1:05 CHERMAK FAMILY PARTNERSHIP, LLLP Principal Place of Business Mailing Address 2506 MONTEREY COURT 2506 MONTEREY COURT WESTON, FL 33327 WESTON, FL. 33327 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222004 Chg-LP CR2E003 (10/03) City & State 4. FEI Number City & State Applied For <u> 74 - 3083712</u> Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHERMAK, RICHARD B Street Address (P.O. Box Number is Not Acceptable) 2506 MONTEREY COURT WESTON, FL 33327 City Zip Code 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 agent. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$5,000,000.00 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 12. 13. ADDRESS CHANGES ONLY L03000002161 DOCUMENT # STREET ADDRESS CHERMAK MANAGEMENT, LLC NAME STREET ADDRESS 2506 MONTEREY COURT CITY-ST-ZIP CITY-ST-7IP WESTON, FL 33327 **30003438915** 04/28/04--01025--007 ** DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS 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-ZIP 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 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

BChermak, Manager

-7-04

Daytime Phone *

FILED

SECRETARY OF STATE