2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

Due By May 1, 2004 04 APR 29 AM 10: 05 DOCUMENT # A03000000343 SECRETARY OF STATE M&J HERMAN FAMILY LIMITED PARTNERSHIP TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 22135 BRADDOCK PLACE -22135 BRA DOCK PLACE BOCA RATON, FL-33428 BOCA RATON, FL -33428 2. Principal Place of Business Mailing Address 9536 Savona Winds Dr. 9536 Savona Winds Dr Suite, Apt. #, etc. Suite, Apt. #, etc. 04262004 Chg-LP CR2E003 (10/03) Delray Beach, FL City & State 4. FEI Number Applied For Delray Beach, FLNot Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired - 🗀 33446-9751 US----33446-9751 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERMAN, JOSEPH L Street Address (P.O. Box Number is Not Acceptable) 22135 BRADDOCK PLACE BOCA RATON, FL 33428 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE 10. Amount of Capital Contributions 9. Capital Contributions \$1,000.00 as Shown on record. in FLORIDA to date. 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 DOCUMENT # STREET ADDRESS HERMAN, JOSEPH L NAME STREET ADDRESS 22135 BRADDOCK PLACE CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33428 DOCUMENT # STREET ANDRESS HANDEL, MICHELLE S NAME STREET ADDRESS 22135 BRADDOCK PLACE CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33428 DOCUMENT # STREET ADDRESS NAME HERMAN, BRETT STREET ADDRESS 22135 BRADDOCK PLACE CITY-ST-7IP CITY-ST-ZIP BOCA RATON, FL 33428 DOCUMENT # STREET ADDRESS NAME HERMAN, LYLE STREET ADDRESS 22135 BRADDOCK PLACE CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33428 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. ODCUMENT,# STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP

14. L'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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

CITY-ST-ZIP

NICHATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTIES

4-26-04 561-470-1109