

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

APPROVED  
AND  
FILED

04 MAY -4 PM 5:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A03000000450</b>			
1. Entity Name <b>ESTERO GROUP, LTD.</b>			
Principal Place of Business <b>4099 TAMiami TRAIL, NORTH, SUITE 305 NAPLES, FL 34103</b>		Mailing Address <b>4099 TAMiami TRAIL, NORTH, SUITE 305 NAPLES, FL 34103</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>55-0825796</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SOLOFF, JEREMY M 4099 TAMiami TRAIL, NORTH, SUITE 305 NAPLES, FL 34103</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. <b>\$2,500,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>\$1,200,000.00</b>	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>L03000009542 ESTERO GROUP MANAGEMENT, L.L.C. 4099 TAMiami TRAIL, NORTH, SUITE 305 NAPLES, FL 34103</b>	STREET ADDRESS CITY-ST-ZIP	<b>600036546256 05/18/04 01035-015 **526.25</b>
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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: 		Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			

STAPLE CHECK HERE