2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) **DUE BY MAY 1, 2004**

SIGNATURE:

FILED May 07, 2004 08:00 AM Secretary of State DOCUMENT # A03000000909 632 INVESTMENT GROUP, LLLP Mailing Address Principal Place of Business 3238 BLUFF BLVD. HOLIDAY FL 34691 3238 BLUFF BLVD. HOLIDAY FL 34691 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. MOORE CR2E003 (11/03) Applied For City & State 4. FEI Number City & State Not Applicable \$8.75 Additional Country Zip Country Zω 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DESMOND, MICHAEL J 3238 BLUFF BLVD. Street Address (P.O. Box Number is Not Acceptable) HOLIDAY FL 34691 Çity 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 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,000.00 SEE REVERSE SIDE FOR FEE INFORMATION 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12, 13. DOCUMENT # STREET ADDRESS DESMOND, JAMES M STREET ADDRESS 3238 BLUFF BLVD. CITY-ST-ZIP CITY ST-ZIP HOLIDAY FL 34691 DOCUMENT # STREET ADDRESS NAME 05/07/04-80033-004 150.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OOCUMENT # STREET AUDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 出出 DOCUMENT (STREET ACCRESS CHECK NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP STAPLE DOCUMENT # STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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.

RINTED NAME OF SIGNING GENERAL PARTNER

MKLAEL J. DESKOW Z7 APR 04 727 4150820