

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

**FILED**

04 APR 30 PM 12:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # A03000000911</b> 1. Entity Name <b>RESPARK ORLANDO, LTD.</b>					
Principal Place of Business <b>1350 EAST NEWPORT CENTER DR, STE. 206          DEERFIELD BEACH, FL 33442</b>			Mailing Address <b>1350 EAST NEWPORT CENTER DR, STE. 206          DEERFIELD BEACH, FL 33442</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number <b>76-0735211</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KAY LAW OFFICES          C/O JAMES R. KAY, ESQ          700 VILLAGE SQUARE CROSSING, STE 102B          PALM BEACH GARDENS, FL 33410</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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, typed or printed name of registered agent and title if applicable.	
9. Capital Contributions shown on record. <b>\$9,960,000.00</b>				10. Amount of Capital Contributions in FLORIDA to date.	
<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			STREET ADDRESS CITY-ST-ZIP		
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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:			<b>LINDA G. KASSOF</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		
(954) 428-4585			Daytime Phone #		

STAPLE CHECK HERE

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