2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED **DOCUMENT # A03000000958** 1. Entity Name BREWSTER VENTURES, LTD. 04 APR 30 AM 8: 04 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 5811 PELICAN BAY BLVD., SUITE 600 5811 PELICAN BAY BLVD., SUITE 600 C/O FOWLER WHITE BOGGS BANKER, P.A. C/O FOWLER WHITE BOGGS BANKER, P.A. NAPLES, FL 34108 NAPLES, FL 34108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082004 CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 20-0070176 Not Applicable Country Country Zip \$8.75 Additional Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FOWLER WHITE BOGGS BANKER, P.A. Street Address (P.O. Box Number is Not Acceptable) 5811 PELICAN BAY BLVD., SUITE 600 NAPLES, FL 34108 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 applicability. Amount of Capital Contributions in FLORIDA to date. \$15,000,000.00 9. Capital Contributions \$15,000,000.00 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 ADDRESS CHANGES ONLY 12. P03000072750 DOCUMENT 4 STREET ADDRESS BREWSTER VENTURES, INC. NAME STREET ADDRESS 5811 PELICAN BAY BLVD., SUITE 600 CITY-ST-ZIP 200036061162 CITY-ST-ZIP NAPLES, FL 34108 05/11/04--01062--009 **526.25 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 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 path; that I am a General Ranger of the limited partnership the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

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Paul E. James

SIGNATURE: