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

STAPLE CHECK HERE

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF

IGNING GENERAL PARTNER

SECRETARY OF STATE CORPORATIONS DOCUMENT # A03000001005 MANACA INVESTMENT LIMITED PARTNERSHIP 04 APR 15 PM 3: 49 Principal Place of Business Mailing Address 1643 BRICKELL AVE., #4102 1643 BRICKELL AVE., #4102 MIAMI FL 33129 MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address Suite, Act, #, etc. Suite. Apt. #, etc. MOORE CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 06-1704860 Not Applicable , Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EL-NAFFY, HANI Street Address (P.O. Box Number is Not Acceptable) 1643 BRICKELL AVE., #4102 MIAMI FL 33129 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 SEE REVERSE SIDE FOR FEE INFORMATION 9. Capital Contributions 10. Amount of Capital Contributions 60,908,00 \$1,000,000.00 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. ADDRESS CHANGES ONLY 13. DOCUMENT A STREET ADDRESS NAME EL-NAFFY, HANI STREET ADDRESS 1643 BRICKELL AVE., #4102 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33129 **000034811** |/30/04--01018--02 DOCUMENT # STREET ADDRESS NAME **EL-NAFFY, DANIELLE** STREET ADDRESS 1643 BRICKELL AVE., #4102 CITY-ST-ZIP CITY-ST-ZIE MIAMI FL 33129 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 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 14. I hereby dertify 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