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

STAPLE CHECK HERE

SIGNATURE:

|   |   | ., ., .             |         |                  | •   |  |
|---|---|---------------------|---------|------------------|---|--|
| DOCUMENT # A0300001038  1. Entity Name  |   |                     |         |                  | FILED   |  |
| TRG - TH  | E LOFT, LTD.                              | 4/50                | •       |                  | 2004 FEB 23 PM 12: 47   |  |
| Principal Place of Business Mailing Address   |   |                     |         |                  |   |  |
| 2828 CORAL WAY, PENTHOUSE SUITE 2828 CORAL WAY, PEN MIAMI FL 33145 MIAMI FL 33145   |   |                     | NTHOL   | JSE SUITE        | DIVISION OF CORPORATIONS<br>TALLAHASSEE, FLORIDA                |  |
|   |   |                     |         |                  |   |  |
| 2. Principal P  | lace of Business                          | 3. Mailing Address  |         |                  |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc. |         |                  | MOORE CR2E003 (11/03)   |  |
| City & State  |   | City & State        |         |                  | 4. FEI Number Applied For Not Applicable                        |  |
| Zip   | Country                                   | Zip                 | Country |                  | 5. Certificate of Status Desired \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent   |   |                     |         |                  | 7. Name and Address of New Registered Agent                     |  |
| <u> </u>  |   |                     |         | Name             |   |  |
| HEH<br>282  | RNANDEZ, ANGEL A<br>8 CORAL WAY, PENTHOUS | E SUITE             |         | Street Address ( | P.O. Box Number is Not Acceptable)                              |  |
| MIAMI FL 33145  |   |                     |         |                  | <del></del>   |  |
|   |   |                     |         |                  | 03/09/0401017008 **150.00                                       |  |
|   |   |                     |         | City FL 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   |   |                     |         |                  |   |  |
| 9. Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE   |   |                     |         |                  |   |  |
| as Shown on record. In FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION  |   |                     |         |                  |   |  |
| 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.   |   |                     |         |                  |   |  |
| 12. GENERAL PARTNER INFORMATION 1   |   |                     |         |                  | ADDRESS CHANGES ONLY  |  |
| DOCUMENT #<br>NAME  | TRG - THE LOFT, INC.                      |                     |         | STREET ADDRESS   |   |  |
| STREET ADDRESS<br>CITY-ST-ZIP   | ZIP MIAMI FL 33145                        |                     | CITY    | TY-ST-ZIP        |   |  |
| NAME  | ME  |                     |         | EET ADDRESS      |   |  |
| CITY-ST-ZIP   | STREET ADDRESS CITY-ST-ZIP                |                     | CITY    | CITY-ST-ZIP      |   |  |
| DOCUMENT / NAME   |   |                     | STR     | EET ADDRESS      | t gan gana was a sawa sawa a a sawa a sawa a sawa a             |  |
| STREET ADDRESS CITY-ST-ZIP  |   |                     | CITY    | r-st-zip         |   |  |
| DOCUMENT #<br>NAME  |   |                     | STR     | EET ADDRESS      |   |  |
| STREET ADDRESS CITY-ST-ZIP  |   |                     | CITA    | /-ST-ZiP         |   |  |
| DOCUMENT # NAME   |   |                     | STR     | EET ADDRESS      |   |  |
| STREET ADDRESS CITY-ST-ZIE  |   |                     | CITY    | r-ST-ZIP         |   |  |
| DOCUMENT # NAME   |   |                     | STR     | EET ADDRESS      |   |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |                     | CITY    | Y-ST-ZIP         |   |  |
| 14. 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 |   |                     |         |                  |   |  |

ANGEL HERNANDEZ VICE-PRESIDENT

Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER