

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

FILED

04 MAY -5 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04052004 Chg-LP CR2E003 (10/03)

<b>DOCUMENT # A03000001041</b> 1. Entity Name <b>THE KEENE GROUP, LTD.</b>					
Principal Place of Business <b>1400 HOPE RD MAITLAND, FL 32751</b>			Mailing Address <b>1400 HOPE RD MAITLAND, FL 32751</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number <b>55 0841818</b>	
City & State		City & State			
Zip Country		Zip Country			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applied	
6. Name and Address of Current Registered Agent  <b>KEENE, GARY L 1400 HOPE RD MAITLAND, FL 32751</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent is not applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$900,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>330,000</b>			
<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		
NAME	<b>KEENE, GARY L TRUSTEE</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>6234 GREATWATER DR</b>		CITY-ST-ZIP		
CITY-ST-ZIP	<b>WINDERMERE, FL 34786</b>		STREET ADDRESS		
DOCUMENT #	NAME		CITY-ST-ZIP		
NAME			STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			STREET ADDRESS		
DOCUMENT #	NAME		CITY-ST-ZIP		
NAME			STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			STREET ADDRESS		
DOCUMENT #	NAME		CITY-ST-ZIP		
NAME			STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			STREET ADDRESS		
DOCUMENT #	NAME		CITY-ST-ZIP		
NAME			STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			STREET ADDRESS		
14. I hereby certify that the information supplied with this form 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:			5/1/04 407/8764163		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE