AND **2004 LIMITED PARTNERSHIP ANNUAL REPORT** Due By May 1, 2004 04 HAY -6 PH 4: 31 **DOCUMENT # A03000001109** SECRETARY OF STATE VERO BEACH PROPERTIES INVESTMENTS, LLLP Principal Place of Business Mailing Address 1401 UNIVERSITY DR, STE 200 1401 UNIVERSITY DR, STE 200 CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162004 CR2E003 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Zin Country Zip 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 GRANT, MARK F ESQ Street Address (P.O. Box Number is Not Acceptable) RUDEN, MCCLOSKY, SMITH, ET AL 200 E BROWARD BLVD, STE 1500 FORT LAUERDALE, FL 33301 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. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,000,000.00 in FLORIDA to date. \$ 848, 478.00 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 12. ADDRESS CHANGES ONLY DOCUMENT # P03000084464 STREET ADDRESS VERO BEACH PROPERITES INVESTMENT CORP NAME STREET ADDRESS 1401 UNIVERSITY DR, STE 200 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS, FL 33071 100037436471 DOCUMENT # 06/01/04--01014--002 **526.25 STREET ADDRESS 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-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS

14. Thereby 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

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

GNETURE AND TYPES OF PRINTED NAME OF SIGNING GENERAL PARTNER.

4 954-753-1730

APPKUYL

Daytime Phone #