

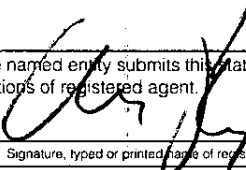
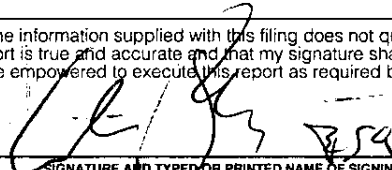


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

<b>DOCUMENT # A03000001152</b> 1. Entity Name <b>SCANLON &amp; CROYLE, L.L.L.P.</b>				 <div style="position: absolute; top: 0; right: 0; text-align: right;"> <b>FILED</b>  <b>04 JUN -7 PM 12:43</b>  <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE, FLORIDA</b> </div>	
Principal Place of Business <b>2500 N. MILITARY TRAIL, STE. 480</b> <b>BOCA RATON FL 33431</b>		Mailing Address <b>2500 N. MILITARY TRAIL, STE. 480</b> <b>BOCA RATON FL 33431</b>		 <b>MOORE CR2E003 (11/03)</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number <b>14 189 384 3</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CRAYLE, PHILIP J</b> <b>2500 N. MILITARY TRAIL, STE. 480</b> <b>BOCA RATON FL 33431</b>				7. Name and Address of New Registered Agent Name <b>Lawrence J. Scanlon</b> Street Address (P.O. Box Number is Not Acceptable) <b>2500 N. Military Trail, #980</b> City <b>Boca Raton</b> FL Zip Code <b>33431</b>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 20%; text-align: right;">           DATE <b>7/2/04</b> </div> </div>					
9. Capital Contributions as Shown on record. <b>\$2,500.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE</b> <b>SEE REVERSE SIDE FOR FEE INFORMATION</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 <b>CROYLE, PHILIP J</b> STREET ADDRESS <b>2500 N. MILITARY TRAIL, STE. 480</b> CITY-ST-ZIP <b>BOCA RATON FL 33431</b>			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME <b>L01000016501</b> STREET ADDRESS <b>SCANLON &amp; CO. LLC</b> CITY-ST-ZIP <b>2500 N. MILITARY TRAIL, STE. 480</b> <b>BOCA RATON FL 33431</b>			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP <b>500037870045</b> <b>06/11/04--01029--013 **150.00</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				Date <b>4/19/04</b> Daytime Phone # <b>330/376-1440</b>	

STAPLE CHECK HERE