

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 APR 26 AM 10:11

<b>DOCUMENT # A03000001242</b> 1. Entity Name NATIONAL INSURANCE OF AMERICA, LLLP					
Principal Place of Business 8701 MERRIMORE BLVD. EAST LARGO, FL 33777			Mailing Address 8701 MERRIMORE BLVD. EAST LARGO, FL 33777		
2. Principal Place of Business 10225 ULMERTON RD, 7A Suite, Apt. #, etc. 7A City & State LARGO, FL Zip 33771 Country		3. Mailing Address 10225 ULMERTON RD Suite, Apt. #, etc. 7A City & State LARGO, FL Zip 33771 Country			
4. FEI Number 20-0216473				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03122004 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent  CHILDRESS, ROBERT E 8701 MERRIMORE BLVD. EAST LARGO, FL 33777			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200034332112 04/28/04--01025--025 **141.25 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: <i>Robert E Childress</i> manager 4/1/04 <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$50,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. 1,250.00			
<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 # L03000031568 NAME SOVEREIGN GROUP, LLC STREET ADDRESS 8701 MERRIMORE BLVD. EAST CITY-ST-ZIP LARGO, FL 33777			STREET ADDRESS 10225 ULMERTON RD, 7A CITY-ST-ZIP LARGO, FL 33771		
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		
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: <i>Robert E Childress</i> manager 4/1/04 727-585-1174 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
ROBERT E. CHILDRESS, MGR					

STAPLE CHECK HERE