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

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SIGNATURE:

DOCUMENT # A03000001261 1. Entity Name SECRETARY OF STATE TRG - ALASKA I, LTD. CIVISION OF CORPORATIONS 04 MAR 24 PM 2: 36 Principal Place of Business Mailing Address 2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145 2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (11/03) 4. FEI Number Applied For City & State City & State Not Applicable 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 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33145 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 Signature, typed or printed name of registered agent and title it applicable. DATE 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions \$99.90 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION 12. 13. P03000095507 DOCUMENT # STREET ADDRESS TRG - ALASKA I, INC. NAME 2828 CORAL WAY, PENTHOUSE SUITE STREET ADDRESS CITY-ST-ZIP 400032106104 /07/04 01854 004 **150.00 MIAMI FL 33145 CITY-ST-ZIP OCCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / 🦫 STREET ADDRESS NAME STREET ADDRES CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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

Daytime Phone #