2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

HERE

General Partner

FILED DOCUMENT # A03000001521 2004 APR 29 AMII: 17 RIVERPOINT OF ST. JOHNS, LLLP DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 2021 ART MUSEUM DRIVE, SUITE 210 2021 ART MUSEUM DRIVE, SUITE 210 JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272004 CR2E003 (10/03) Chg-LP City & State Applied For City & State 4. FEI Number 20-0267034 Not Applicable Zip Country 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 ANTONOPOULOS, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2021 ART MUSEUM DRIVE, SUITE 210 200035 JACKSONVILLE, FL 32207 05/07/04=-01097--018 **526.25°E City 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 if applicable. DATE 10. Amount of Capital Contributions in FLORIDA to date, 000, 000 . 00 9. Capital Contributions \$900,000.00 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. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY H14270 DOCUMENT # STREET ADDRESS NAME MCS DEVELOPMENT CORPORATION STREET ADDRESS 2021 ART MUSEUM DRIVE, SUITE 210 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32207 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # CHECK STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 true ee empowered to execute this report as required by Chapter 620, Florida Statutes (904)396-3539 ′27/04 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone # Michael Antonopoulos, President, MCS Development Corp.