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

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DOCUMENT # A03000001628 1. Entity Name RYBOVICH BOAT COMPANY, LLLP OL MAY 28 PH 12: 58 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 450 E. LAS OLAS BLVD., STE, 1500 450 E. LAS OLAS BLVD., STE. 1500 FT LAUDERDALE, FL 33301 FT LAUDERDALE, FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt.,#, etc. 04212004 CR2E003 (10/03) City & State 4. FELNumber 37 6815 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVE, STE 2800 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33131 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 9. Capital Contributions 10. Amount of Capital Contributions \$23,760,000.00 as Shown on record. in FLORIDA to date. 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 ADDRESS CHANGES ONLY 13. L030000 45 257 DOCUMENT # STREET ADDRESS RSBC , LLC 450 E LAS ( NAME STREET ADDRESS USDIVING COND WING EN CITY-ST-ZIP CITY-ST-ZIP LANDUPYLE FL 33301 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 effect the report as required by Chapter 620, Florida Statutes V BENDEN. VIL PRIMT Y/21/04 SIGNATURE:

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