2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SIGNATURE

DOCUMENT # A03000001831 THE WEICHEL LIMITED PARTNERSHIP 04 APR 30 PM 12: 25 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4401 RIVERVIEW BOULÉVARD WEST 4401 RIVERVIEW BOULEVARD WEST BRADENTON FL 34209 BRADENTON, FL 34209 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 33 - 1079661 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEICHEL, JOHN AISR. Street Address (P.O. Box Number is Not Acceptable) 818 - 13TH STREET WEST BRADENTON, FL 34205 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, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions as Shown on record. \$2,500,000.00 in FLORIDA to date. 2,328,928.50 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 ADDRESS CHANGES ONLY 12. 13. DOCUMENT # L03000056396 STREET ADDRESS NAME WEICHEL, LLC STREET ADDRESS 4401 RIVERVIEW BOULEVARD WEST CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34209 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 30003648**7**373 05/17/04--01015--003 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY_ST-ZIP discrete 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

TURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER