2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

1. Entity Nam	ne	# A03069 LOPMENT, LTD.					FEB-2 AF	F (
Principal Place of Business P.O. BOX 3444 VERO BEACH, FL 32964-3444			Mailing Address P.O. BOX 3444 VERO BEACH, FL 32964-3444			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01082004	Chg-LP	CR2E00	03 (10/03)		
City & State			City & State		4. FEI Number 59-1527			Applied For Not Applicable		
Zìp	Zip Country		Zip	Country			f Status Desired		8.75 Additional ee Required	
	6. Name	and Address of Current F	7. Name and Address of New Registered Agent Name							
PADGETT, KENNETH E. , SR. 186 OCEAN WAY P.O. BOX 3444					Street Address (P.O. Box Number is Not Acceptable)					
	•	32964-3444								
					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 —										
Signature, typed or printed name of registered agent and title if applicable. DATE										
9. Capital Contributions as Shown on record. \$100,000.00 as Shown on record. \$100,000.00										
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					i, an amendmen	ADDRESS CHANGES ONLY				
DOCUMENT # NAME	PADGETT	, KENNETH E., SR			ET ADDRESS				***************************************	
STREET ADDRESS	186 OCEA	N WAY			-ST-ZIP					
CITY-ST-ZIP DOCUMENT #	VERO BE.	ACH, FL			J. E.	ജന	חפכחו	110		
NAME				STREET ADDR		02/02/	00280 0401056-	-003	**526.25	
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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 eath; 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										
W. W. e. Salant										

Daytime Phone #