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

Apr 19, 2004 08:00 AM Secretary of State DOCUMENT # A08856 1. Entity Name BROAD ACRE MOBILE HOME ESTATES, LIMITED Mailing Address Principal Place of Business 3049 6TH STREET SOUTH ST PETERSBURG FL 33705 3049 6TH STREET SOUTH ST PETERSBURG FL 33705 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (11/03) Applied For City & State City & State 4. FEI Number 59-2000813 Not Applicable Country \$8.75 Additional Country Zio Zιο 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SANDERS, ROBERT J. Street Address (P.O. Box Number is Not Acceptable) 3049 6TH ST. SOUTH ST. PETERSBURG FL 33705 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 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$250,000.00 as Shown on record. in FLORIDA to date 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 ADDRESS CHANGES ONLY 12. DOCUMENT # 660273 STREET ADDRESS INLAND MANUFACTURED HOMES, INC. MARKE STREET ADDRESS 3049 6TH STREET SO. CITY-ST-ZIP U00000131013 CITY-ST-ZIP ST. PETERSBURG FL 04/27/04-80001-021-528,25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-73P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-78 CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY - ST- 2IP GITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY - ST - 73P CATY-ST-70P DOCUMENT # STREET ADDRESS NAME STREET ADORESS CATY - ST- ZIP CSTV-ST-782 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,

pero

GENERAL PARTHER

SIGNATURE:

FILED