2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A10060 ORANGEWOOD VILLAGE, LTD. 04 MAR 12 PM 12: 40 Principal Place of Business Mailing Address 2120 DREW ST. 2120 DREW ST. CLEARWATER, FL 33765 CLEARWATER, FL 33765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212004 CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 59-2062861 Not Applicable Zip Country Zip 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 FUNK, RICHARD B. Street Address (P.O. Box Number is Not Acceptable) 2120 DREW ST. CLEARWATER, FL 33765 City Zip Code FL 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 9. Capital Contributions 10. Amount of Capital Contributions \$50,500.00 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT # 590286 STREET ADDRESS NAME J.R.S. EQUITIES, INC. STREET ADDRESS 2120 DREW STREET CITY-ST-ZIP CITY-ST-ZIP CLEARWATER, FL DOCUMENT # 400031671584 04/01/04--01014--012 **442,75 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 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMEN? 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 their eceiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

T.R.S. Coustors, INC. 3/11/04