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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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ļ	DOCUI	OCUMENT # A10514 NIDMARK ASSOCIATES, LTD.					SECRETARY OF STATE DIVISION OF CORPORATIONS	
	LANDMA						04 MAR 31 AM 9: 59	
ł	Principal Place of Business Mailing Address				· · · · · · · · · · · · · · · · · · ·		O4 (Bill o)	
	•	15 S.W. 35TH WAY 6715 S.W. 35TH WAY						
	GAINESVILLE FL 32608 GAINESVILLE FL 32608							
					I INGUSTA ABON ALON BOUND BILDE KREW GLON BURN BURN BURN BURN BURN BANKAN BURN BANKAN BURN BURN BURN BURN BURN			
Ì	2. Principal P	Principal Place of Business 3. Mailing Address						
1		OD W. BEACH DR 2100 W. BEA			h DE	2]	
	. Suite, Apt.	Suite, Apt. #, etc. 1 - 204 Suite, Apt. #, etc.			204		MOORE CR2E003 (11/03)	
	PANA	na LITY-FI	City & State PANAMA	Cir	4 - F	:/	4. FEI Number 59-2178414 Applied For Not Applicable	
	Zip 32401 Country 32401		Count	Country		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
ł	6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent	
-					Name		And the second s	
	LONDONO, J.H. 6715 S.W. 35TH WAY GAINESVILLE, FL FL 32608				Street Address (P.O. Box Number is Not Acceptable)			
					210	100 W. BEACH DR - 7204		
				i	City PANAMA CITY FL Zip Code 32401			
ſ	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							
ļ	the obligat	the obligations of registered agent.						
	SIGNATURE Signature, typed or printed name of registered agent and title if applicable.						DATE	
Ì	9. Capital Contributions \$1,035,000.00 10. Amount of Capital Co				 International Control of the Control o			
ŀ	as Shown on record. In FLOHIDA to date.				UCT DE E		SEE REVERSE SIDE FOR FEE INFORMATION	
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIS NOTE: General Partners MAY NOT be changed on the form; an amendment							
	12.	GENERAL PARTNER INFORMATION					ADDRESS CHANGES ONLY	
	DOCUMENT # NAME				ET ADDRESS	210	OU W. BEACH DR - Y-204	
						-10	10 N. Dellen Bix 201	
	CITY-ST-ZIP				CITY-ST-ZIP PANAMA CITY -F/32401			
	DOCUMENT # NAME			STRE	ET ADDRESS			
	STREET ADDRESS			CITY-	-ST-ZIP		400032836904	
	CITY-ST-ZIP OOCUMENT #						- 04/15/04-01019-002 **526.25	
	NAME -	RET ADDRESS			REET ADDRESS			
STAPLE CHECK HERE	STREET ADDRESS CITY-ST-ZIP				-ST-ZIP		`	
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	DOCUMENT #			STRE	ET ADDRESS	<u>.</u>		
	STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP			
	DOCUMENT / NAME			STRE	ET ADDRESS			
Ś	STREET ADDRESS CITY-ST-ZIP				-ST-ZIP			
	14. Thereby of indicated the receiver	certify that the information supplied with to on this report is true and accurate and to ver or trustee empowered to execute the contract of t	his filing does not qualify to hat my signature shall have report as required by Cha	or the exer e the same pter 620, I	mption state e legal effec Florida State	ed in Se ct as if m tutes	ection 119.07(3)(i), Florida Statutes. I further certify that the information nade under oath; that I am a General Partner of the limited partnership or	