2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED May 04, 2004 08:00 AM Secretary of State

DOCUMENT # A11323 1. Entity Name DADE CITY PARTNERS, LTD.						Secretary of State		
Principal Place of Business P.O. BOX 999 CHADDS FORD, PA 19317 Mailing Address P.O. BOX 999 CHADDS FORD, PA 19317 CHADDS FORD, PA 193					-1			
Principal Place of Business 3. Mailing Address								
Suite, Apt #, etc.			Suite, Apt. #. etc.			04232004	Chg-LP	CR2E003 (10/03)
City & State			City & State			4. FEI Number 51-0261		Applied For Not Applicable
Zip		Country	Zip	Cou	ntry	5. Certificate of	of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name			
MOORE, BRUCE E C/O BRANDYWINE FINANCIAL SERVICE CORP. 2631 MCCORMICK DRIVE , Suite 101						Address (P O. Box Number is Not Acceptable)		
CLEARWATER, FL 33759					City			FL Zip Code
The above named entity submits this statement for the purpose of changing its reg the obligations of registered agent.					 red office or register	ed agent, or both	ı, in the State of Flo	· - :
ine obligations of registered agent. SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. DATE								
as Shown on record. \$1,552,600.00 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.								
12. GENERAL PARTNER INFORMATION DOCUMENT# 852350							ADDRESS CHA	ANGES ONLY
STREET ADDRESS 2 POND'S EDGE DR. CITY-ST-ZIP CHADDS FORD, PA			N		Y-ST-ZIP	······	·····	
DOGUMENT #				STF	REET ADDRESS			0159417
NAME STREET ADDRESS CITY-ST-ZIP				cm	Y-ST-ZIP		<u>05/10/04</u>	-80028-011-526.25
DOCUMENT # NAME				STF	REET ADDRESS	-		
STREET ADDRESS CITY-ST-ZIP				CIT	Y-ST-21P			
DOCUMENT # NAME				STF	REET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CIT	Y-ST-ZIP			
DOCUMENT # NAME				STE	reet Address			
STREET ADDRESS CITY-ST-ZIP				CiT	Y-S1-ZIP	************************		
DOCUMENT# NAME				ST	reet address			
STREET ADDRESS City-St-Zip				сат	Y-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 occurate 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 empreced be execute this report as required by Chapter 620, Florida Statutes PRESIDENT OF BRANDYWINE CORPORATION GENERAL PARTNER APR 2.8 2004 ((40))388-96600								

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER