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

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SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PART

Apr 20, 2004 08:00 AM Secretary of State DOCUMENT # A11492 1. Entity Name CHAPEL TRAIL, LTD. Principal Place of Business Mailing Address 21011 JOHNSON STREET SUITE 101 21011 JOHNSON STREET SUITE 101 PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 59-2140301 Not Applicable Zip Country Country Zip \$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 Name KOENIG, PAUL Street Address (P.O. Box Number is Not Acceptable) 21011 JOHNSON STREET SUITE 101 PEMBROKE PINES FL 33029 City 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 this if applicable 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$2,975,903.00 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 305176 DOCUMENT # STREET ADDRESS NAME SAJIK CORP. 21011 JOHNSON STREET, SUITE 101 STREET ADDRESS CITY ST-ZIP PEMBROKE PINES FL 33029 CITY ST-ZIP U00000135855 04/29/04-80003-018 526,25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ODCUMENT # STREET ADDRESS NAME STREET ADORESS CITY-ST-7(P CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 the receiver or trustee empowered to execute this feport as reducted by Chapter 620, Florida Statutes.

Sijik Corp., its general partner

Michael A. Koenig, Vice President 954-

FILED