


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

FILED
Mar 29, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # A11744 1. Entity Name COURY INVESTMENTS, LIMITED |  |
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| Principal Place of Business 20458 OLD CUTLER ROAD MIAMI FL 33189 | Mailing Address P.O. BOX 143914 CORAL GABLES FL 33114 |
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MOORE CR2E003 (11/03)

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|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 59-2173486 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

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| 6. Name and Address of Current Registered Agent MULLER, CHARLES E II 7385 GALLOWAY ROAD SUITE 200 MIAMI FL 33173 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div> |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| 9. Capital Contributions as Shown on record. \$12,069,306.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
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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 | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|-----------------------|--------------------------|--|
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | COURY, AMELI | CITY-ST-ZIP | |
| STREET ADDRESS | 20458 OLD CUTLER ROAD | | |
| CITY-ST-ZIP | MIAMI FL 33189 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | BELL, MARY ANN | CITY-ST-ZIP | |
| STREET ADDRESS | 20458 OLD CUTLER ROAD | | |
| CITY-ST-ZIP | MIAMI FL 33189 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | LAWRENCE, PATRICIA C | CITY-ST-ZIP | |
| STREET ADDRESS | 20458 OLD CUTLER ROAD | | |
| CITY-ST-ZIP | MIAMI FL 33189 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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 04/06/04-80007-009 535.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 report as required by Chapter 620, Florida Statutes

SIGNATURE: Mary Ann Bell MARY ANN BELL 3-23-04 305-371-2902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #