

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**"FILED"**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**04 MAR 26 AM 8:34**

<b>DOCUMENT # A12713</b> 1. Entity Name <b>THE RUSSELL COMPANY, LTD.</b>					
Principal Place of Business <b>5751 S.W. 116TH STREET</b> <b>MIAMI, FL 33156</b>			Mailing Address <b>5751 S.W. 116TH STREET</b> <b>MIAMI, FL 33156</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>59-2201898</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			02022004 Chg-LP CR2E003 (10/03)		
6. Name and Address of Current Registered Agent <b>WOOLBRIGHT INVESTMENTS, INC.</b> <b>5751 S.W. 116TH STREET</b> <b>MIAMI, FL 33156</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$3,862,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	K92136		STREET ADDRESS		
NAME	WOOLBRIGHT INVESTMENTS, INC.		CITY-ST-ZIP		
STREET ADDRESS	5751 S.W. 116TH STREET		CITY-ST-ZIP	<b>000032283760</b>	
CITY-ST-ZIP	MIAMI, FL 33156		STREET ADDRESS	<b>04/09/04--01061--020 **446.25</b>	
DOCUMENT #			CITY-ST-ZIP		
NAME			STREET ADDRESS	<b>000032283868</b>	
STREET ADDRESS			CITY-ST-ZIP	<b>04/09/04--01061--021 **88.75</b>	
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CITY-ST-ZIP			STREET ADDRESS		
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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
<b>SIGNATURE:</b> <i>Russell B. ...</i> VP			2/5/04 3053582600		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

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