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

SIGNATURE:

## FILED Apr 26, 2004 08:00 AM Secretary of State

Principal Place of Business   Mailting Address   12100 MILSHIRE BUID.   12100 MILSHIRE BUID	DOCUMENT # A13711  1. Entity Name SEASTONE LIMITED PARTNERSHIP						Secreta	ary of S	state	
Suite, Apt. #, etc.	12100 WILS SUITE 1400	HIRE BLVD.	12100 WILSHIRE BLVE SUITE 1400	12100 WILSHIRE BLVD. SUITE 1400					S B1888 88411888 88 (888)	
Cay & State  Cay &	2. Principal P	3. Mailing Address	Mailing Address							
Secretary   Secr	Suite, Apt. #, etc.				01062004	Chg-LP	CR2E003 (	10/03)		
S. Certificate of Stetus Desired   \$40 or \$4			· ·			[	728			
DOUGLAS H. REYNOLDS, P.A. 4875 NORTH FEDERAL HIGHWAY, 10TH FLOOR SOUTHTRUST BANK BUILDING FORT LAUDERDALE, FL 33308  3. The above burned entity solureds this statement for the purpose of changing its registered office or registered agent, or both, in the State of Purifice. Tam familiar with, and accopt the obligations of registered agent.  SIGNATURE  9. Captal Contributions as Shown or predictions of exposure agent and time 4 sportages.  8. 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 PROFINATION  13. ADDRESS CHANGES ONLY  DOUBLING I VILLE SHORES OFFICE.  WILL SHIRE INVESTMENTS CORPORATION  SIRET ADDRESS  SIRET ADDR	Zip			Cour	5. Certificate of Status Desired Fee Required			Required		
Street Address (P.O. Box Number is N.A. Acceptable)   Street Address (P.O. Box Number is N.A. Acceptable)		6. Name and Address of Current I	legistered Agent		Name	7. Name and A	ddress of New R	egistered Agen	t	
8. The above named entity submits this statement for the purpose of changing its registered eight, or both, in this State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in this State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in this State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in this State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in this State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in this State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in this State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in this State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in this State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in this State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in this State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in this State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in this State of Florida.  DATE:  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  A GENERAL PARTNER WAY TO be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  SIRELE ACCRESS ONLY ST. 2P  SIRELE ACCRESS ONLY ST. 2P  DOCUMENT ST. 2P  SIRELE ACCRESS ONLY	4875 NORTH FEDERAL HIGHWAY, 10TH FLOOR SOUTHTRUST BANK BUILDING				Street Address (	P.O. Box Number	is Not Acceptable	3)		
The obligations of registered agent.  SIGNATURE  Superiors, hypost or partied name of registered agent and line 4 approaches.  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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  DOCUMENT A NAME  SITER ADDRESS  CITY ST ZIP  CITY ST ZIP  DOCUMENT A NAME  SITER ADDRESS  CITY ST ZIP  CITY ST Z	FORT LAC	SUERUALE, FL 33308			City		<del></del>	FL 1	Zip Code	
P. Capital Contributions   Sylument, your or driving ceres of regions and rive 4 exponents    P. Capital Contributions   B STRICT ADDRESS   B STREET ADDRESS   B STRE	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									
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOTE be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  DOCUMENT / NAME  WILSHIRE INVESTMENTS CORPORATION  SIRET ADDRESS  12:100 WILSHIRE BLVD. LOS ANGELES, CA  CITY-S1-ZIP  DOCUMENT / NAME  SIRET ADDRESS  CITY-S1-ZIP  DOCUMENT / NAME  SIRET ADDRESS CITY-S1-ZIP  SIRET ADDRESS CITY										
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										
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  DOCUMENT / NAME WILLSHIRE INVESTMENTS CORPORATION SIRET ADDRESS 12100 WILSHIRE BLVD. CITY ST ZIP LOS ANGELES, GA  SIRET ADDRESS CITY-ST ZIP  DOCUMENT / NAME SIRET ADDRESS CITY ST ZIP  DOCUMENT / NAME SIRET ADDRESS CITY ST ZIP  DOCUMENT / NAME SIRET ADDRESS CITY ST ZIP  CI	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.									
WILSHIRE INVESTMENTS CORPORATION SIRET ADDRESS CITY ST-ZIP LOS ANGELES, CA  CITY ST-ZIP  COCUMENT / NAME SIRET ADDRESS CITY ST-ZIP  CIT	12.									
CITY ST-ZIP  DOCUMENT / NAME SIREET ADDRESS CITY-ST-ZIP  CITY-S	NAME	NAME WILSHIRE INVESTMENTS CORPORATION 12100 WILSHIRE BLVD. LOS ANGELES, CA		STRE	EF ADDRESS					
STREET ADDRESS CITY-ST-ZIP  DOCLARINT / MAXE STREET ADDRESS CITY-ST-ZIP	GITY-ST-ZIP			CITY	'- \$3 - ZIP					
CETY-ST-ZEP  DOCUMENT / NAME STREET ADDRESS CETY-ST-ZEP  DOCUMENT / NAME STREET ADDRESS CETY-ST-ZEP  DOCUMENT / NAME STREET ADDRESS CETY-ST-ZEP  CET	NAME			STR	EET ADDRESS					
STREET ADDRESS CRY ST - ZIP  DOCUMENT # NAME STREET ADDRESS CRY ST - ZIP  DOCUMENT # NAME STREET ADDRESS CRY ST - ZIP  DOCUMENT # NAME STREET ADDRESS CRY ST - ZIP  DOCUMENT # NAME STREET ADDRESS CRY ST - ZIP  DOCUMENT # NAME STREET ADDRESS CRY ST - ZIP  DOCUMENT # NAME STREET ADDRESS CRY ST - ZIP  DOCUMENT # NAME STREET ADDRESS CRY ST - ZIP  DOCUMENT # NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	3			SITY	-S1-SW					
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	NAME			STRE	EET ADDRESS		000000 -05/03/04	)145723 -80036-01	n 526,25	
NAME STREET ADDRESS CHY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CHY-ST-ZIP	CSTY - S.I - ZIP			CITY	-ST-28P			<u> </u>		
CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  COLVENT # NAME STREET ADDRESS CITY-ST-ZIP  COLVENT # NAME STREET ADDRESS CITY-ST-ZIP  COLVENT # NAME STREET ADDRESS	Name			SIRE	TET ADDRESS			· · · · · · · · · · · · · · · · · · ·		
NAME STREET ADDRESS CITY-ST-ZIP COCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CATY-ST-ZIP			CITY	- S1-28P					
CITY-ST-ZIP  DOCUMENT # NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	NAME			आर	ET ADDRESS				·	
NAME STREET ADDRESS CITYLES TIP	CITY-ST-ZIP			CHY	ST ZIP		· .	<del></del>		
■ CITY_CT_710 €	NAME.			SIME	ET AUDRESS					
14. Thereby certify that the information supplied with this filling dope not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information indicated on this second is true and accurate and first my signature shall have the same level effect as if made under soft, that I am a Goograf Bythey of the limited nationable and accurate and incident and the same level and accurate and incident and the limited nationable and accurate accurate and accurate and accurate and accurate and accurate accurate and accurate and accurate and accurate accurate and accurate accurate and accurate accurate accurate and accurate	CITY-51-ZIP	week. How the offerment as a second	his filling dags - A 2".							