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

STAPLE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED DOCUMENT # A15902 1. Entity Name 2004 APR 22 PM 3: 49 MASCALI & SONS, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 411 RIVER BAY DRIVE 411 RIVER BAY DRIVE **TAMPA FL 33619 TAMPA FL 33619** 2. Principal Place of Business 3. Mailing Address 2130 W. BRANDON BLVD 2130 W. BRANDON BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (11/03) SUITE 202 SUITE 202 City & State ity & State 4. FEI Number Applied For 59-2409081 andon BRANDON Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired HILLSBOROUGH ILLS BOROUGH Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MASCALI, EDITH M Street Address (P.O. Box Number is Not Acceptable) 7974 SAILBOAT KEY BLVD., #804 SO, PASADENA FL 33707 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 title if applicable. 10. Amount of Capital Contributions 9. Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$722,425.00 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 DOCUMENT # STREET ADDRESS NAME MASCALI, FRANK C 314 CAMBRIDGE PLACE STREET ADDRESS CITY-ST-ZIP 600036060886 CITY-ST-ZIP BRANDON FL 33511 05/11/04=-01041=-021 **526.25 DOCUMENT # STREET ADDRESS NAME MASCALI, EDITH STREET ADDRESS 7974 SAILBOAT KEY BLVD. CITY-ST-ZIP CITY-ST-ZIP SOUTH PASADENA FL 33707 DOCUMENT # STREET ADDRESS NAME ---MAURIELLO, MARIE H STREET ADDRESS 16 WINDSOR ROAD CITY-ST-ZIP CITY-ST-ZIP SCARSDALE NY 10583 DOCUMENT # STREET ADDRESS MASCALI, CHARLES R NAME 497 LOST DISTRICT DRIVE STREET ADDRESS CiTY-ST-7IP NEW CANAAN CT 06840 CITY-ST-ZIP DOCUMENT # STREET ADDRESS FAIRFIELD, DOLORES J 7974 SAILBOAT KEY BLVD. STREET ADDRESS CITY-ST-ZIP SOUTH PASADENA FL 33707 CITY-ST-ZIP DOCUMENT # STREET ADDRESS MASCALI, RICHARD name 💣 97 STONEWALL CIRCLE STREET ADDRESS CITY-ST-ZIP WEST HARRISON NY 10604 CITY-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 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

Daytime Phone #