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

| DOCUI  |  |   |   | FILED SECRETARY OF STATE DIMESTREE CONFORMATIONS   |  |              |
|--|--|---|---|--|--|--------------|
| CORY LA  |  |   |   | 04 APR -5 AM 10: 42                                |  |              |
| Principal Plac   | e of Business  | Mailing Address   |   |  |  |              |
| 510 BRANCHTON CHURCH ROAD<br>THONOTOSASSA FL 33592                 |  | 12001 CORY LAKE BLVD.<br>TAMPA FL 33647                       |   |  |  |              |
| 2. Principal P   | Place of Business  | 3. Mailing Address  |   | ···  |  |              |
|  |  |   |   |  |  |              |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |  | MOORE CR2E003 (11/03)  |              |
| City & State   |  | City & State  |   |  | 4. FEI Number 59-2412731 Applied Fo Not Applied  |              |
| Zip  | Country  | Zip   | Country   |  | 5. Certificate of Status Desired   |              |
|  | 6. Name and Address of Currer  | nt Registered Agent   |   |  | 7. Name and Address of New Registered Agent  |              |
|  |  | Name  | Name  |  |  |              |
| THOMASON, EUGENE E<br>510 BRANCHTON CHURCH ROAD<br>THONOTOSASSA FL |  |   | Street A  | Street Address (P.O. Box Number is Not Acceptable) |  |              |
|  |  |   | City  | City FL Zip Code                                   |  |              |
|  | e named entity submits this statement tions of registered agent.                   | for the purpose of changin                                    | g its registered office o                       | r registe  | ered agent, or both, in the State of Florida. I am familiar with, and acc  | ept          |
| SIGNATURE  | Signature, typed or printed name of registered age                                 | ent and title if applicable.                                  |   | -  | DATE   |              |
| 9. Capital Co  |  | 10. Amount of C   | Capital Contributions to date.                  |  | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF ST. SEE REVERSE SIDE FOR FEE INFORMATION  |              |
|  |  |   |   |  | TERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner.   |              |
| 12.  |  | IER INFORMATION   | 13.   |  | ADDRESS CHANGES ONLY   |              |
| DOCUMENT #<br>NAME   | G79417<br>NORTHEAST DEVELOP. CO.   | STREET ADDRESS  |   |  |  |              |
| STREET ADDRESS<br>CITY-ST-ZIP                                      |  |   | CITY-ST-ZIP                                     |  | 400034513054<br>04/29/04-01005-016 **200.75  |              |
| DOCUMENT #<br>NAME   |  | •   | STREET ADDRESS                                  |  | 0472970401005010 ***200.13   |              |
| STREET ADDRESS<br>CITY-ST-ZIP                                      |  |   | CITY-ST-ZIP                                     |  |  |              |
| OOCUMENT #   |  |   | STREET ADDRESS                                  |  |  |              |
| STREET ADDRESS<br>CITY-ST-ZIP                                      |  |   | CITY-ST-ZIP                                     |  |  |              |
| DOCUMENT /<br>NAME   |  |   | STREET ADDRESS                                  |  |  |              |
| STREET ADDRESS  CITY-ST-ZIP  |  |   | CITY-ST-ZiP                                     |  |  |              |
| DOCUMENT #   |  |   | STREET ADDRESS                                  |  |  |              |
| DOCUMENT #  L DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP        |  |   | CITY-ST-ZIP                                     |  |  |              |
| DOCUMENT # NAME STREET ADDRESS                                     |  | · · ·   | STREET ADDRESS                                  |  |  |              |
| CITY-ST-ZIP  |  |   | CITY-ST-ZIP                                     |  |  |              |
| 14. I hereby indicate  | certify that the information supplied v<br>d on this report is true and accurate a | vith this filing does not qual<br>and that my signature shall | ify for the exemption strave the same legal eff | ated in S<br>ect as if                             | Section 119.07(3)(i), Florida Statutes. I further certify that the informati made under oath; that I am a General Partner of the limited partners! | on<br>hip or |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER