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

|                   | 1. Entity Nam HERITAG  Principal Place 14555 SIMS  | e of Business  | Mailing Address Sess HERITAGE PARK DELRAY BEACH FL 3:    | ( WAY<br>3484   |  | 04 APR 30                    | ED  PM 12: 25 Y OF STATE SEE. FLORID |                                |  |
|-------------------|--|--|--|-----------------|--|------------------------------|--------------------------------------|--------------------------------|--|
|                   | 2. Principal Place of Business  Suite, Apt. #, etc.  |  | 3. Mailing Address Herritage Padd<br>Suite, Apt. #, etc. |                 | MOORE CR2E003 (11/03)                                    |                              |                                      |                                |  |
| ľ                 | City & State   |  | City & State Back FL                                     |                 | JPL  | 4. FEI Number 59-2           | 443758                               | Applied For Not Applicable     |  |
|                   | Zip  | Country  | 7 33484  | Poun            | in Beach   | 5. Certificate of Status     | Desired X                            | \$8.75 Additional Fee Required |  |
|                   | *  | 6. Name and Address of Current I                             | Registered Agent   | ered Agent Name |  | 7. Name and Address          | of New Registered                    |                                |  |
|                   | <\$61 <del>585</del>   | HEMEL, ROBERT G.<br>8-HERITAGE PARKWAY<br>BRAYBEACH FL 33484 |  |                 | Strep-Ad Dess  | P.O. Box Number is Not A     | cceptable and                        | Wag                            |  |
|                   |  |  |  | ,               | City   |                              | F                                    | L Zip Code                     |  |
|                   | 8. The above named entity submits this statement for the purpose a changing its registered office of the obligations of registered agent.  |  |  |                 |  | red agent, or both, in the S | state of Florida. I an               | n familiar with, and accept    |  |
| i                 | SIGNATURE Signature, typed or printed name of registered agent and title if applicable.  |  |  |                 |  |                              |                                      |                                |  |
| ı                 | 9. Capital Contributions as Shown on record.  \$2,750,100.00  10. Amount of Capital in FLORIDA to date   |  |  |                 | Contributions 11. MAKE CHECK PAYABLE TO FLEDEPT OF STATE |                              |                                      |                                |  |
|                   | 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.  |  |  |                 |  |                              |                                      | CE.                            |  |
| İ                 | 12. GENERAL PARTNER INFORMATION  |  |  |                 | , an americanci  |                              | RESS CHANGES O                       |                                |  |
|                   | NAME SCHEMEL, ROBERT G.  |  |  | STRE            | EET ADORESS 5  | 861 He,                      | ritage t                             | ark Was                        |  |
|                   | STREET ADDRESS<br>CITY-ST-ZIP  | 58 HERITAGE PARKWAY DELRAY BEACH FL 33484                    |  | CITY            | -ST-ZIP  |                              | /<br>~~~~~                           |                                |  |
|                   | DOCUMENT #<br>NAME   |  |  | STRE            | ET ADDRESS   | 05/13/04                     | 01064011                             | **535.00                       |  |
|                   | STREET ADDRESS CITY-ST-ZIP   |  |  | CITY            | CITY-ST-ZIP  |                              |                                      |                                |  |
| STAPLE CHECK HERE | DOCUMENT #   |  |  | STRE            | ET ADÖRESS   |                              |                                      |                                |  |
|                   | STREET ADDRESS<br>CITY-ST-ZIP  |  | , • ···  | CITY            | -ST-ZIP  | . ,                          |                                      |                                |  |
|                   | DOCUMENT #   |  |  | Stre            | ET ADDRESS   |                              |                                      |                                |  |
|                   | STREET ADDRESS<br>CITY-ST-ZIP  |  |  | CITY            | -ST-ZIP  |                              |                                      |                                |  |
|                   | DOCUMENT #   |  |  | STRE            | ET ADDRESS   |                              |                                      |                                |  |
|                   | STREET ADDRESS<br>City-St-Zip  |  |  | CITY            | -ST-ZIP  |                              |                                      | _                              |  |
|                   | DOCUMENT /   |  |  | STRE            | EET ADDRESS  |                              |                                      | A(C)                           |  |
|                   | STREET ADDRESS CITY-S ZIP  |  |  | CITY            | -ST-ZIP  |                              |                                      |                                |  |
|                   | 14. I hereby certify that the information supplied with this filting does for qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is frue 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 employeered to execute this report as required by Chapter 620, Florida Statutes  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  Date  Dayline Phone # |  |  |                 |  |                              |                                      |                                |  |