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

Apr 20, 2004 08:00 AM Secretary of State DOCUMENT # A20988 1. Entity Name CHAPEL TRAIL ASSOCIATES, LTD. Mailing Address Principal Place of Business 21011 JOHNSON STREET SUITE 101 21011 JOHNSON STREET PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029 3. Mailing Address 2. Principal Place of Business Suite, Apt. #. etc. Suite, Apt. #. etc. CR2E003 (11/03) Applied For City & State 4. FEI Number City & Spate 59-2565394 Not Applicable Country Country Zin \$8.75 Additional Zıp 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KOENIG, PAUL Street Address (P.O. Box Number is Not Acceptable) 21011 JOHNSON STREET, SUITE 101 PEMBROKE PINES FL 33029 Zip Code City 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 tiffe 4 applicable 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions \$715,572.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. DOCUMENT # A11492 STREET ADORESS CHAPEL TRAIL, LTD. NAME 9000 SHERIDAN ST. #130 STREET ADDRESS CITY-ST-ZIP CITY ST - ZIP PEMBROKE PINES FL **BOCUMENT** # STREET ADDRESS U00000135851 04/29/04-80003-017-526.25 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STAPLE CHECK STREET ADDRESS CITY-ST-ZIP CITY-ST-702 DOCUMENT # STREET ADDRESS NAME STREET ADTRESS CITY-ST-ZIP 14. Thereby 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 Chapel Trail, Ltd, by Sajik Corp, its

MichaelA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: .

Koenig, Vp.

3/10/2 General Papinese

FILED