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

щ

STAPLI

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

May 04, 2004 08:00 AM Secretary of State DOCUMENT # A21227 1. Entity Name JADE EAST VENTURES, LTD. Principal Place of Business Mailing Address 2039 E. IRLO BRONSON MEMORIAL HWY KISSIMMEE FL 32743 2039 E. IRLO BRONSON MEMORIAL HWY KISSIMMEE FL 32743 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt # etc MOORE CR2E003 (11/03) Applied For City & State City & State 4. FEI Number 59-2615074 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOVETT, W. THOMAS 801 N. MAGNOLIA AVE. Street Address (P O. Box Number is Not Acceptable) ORLANDO FL 32803 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 life if appricable 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions \$450,000,00 in FLORIDA to date as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. COCUMENT # STREET ADDRESS NAME TOBIAS, NIEVES A. STREET ADDRESS 600 HAZELWOOD CITY-ST-ZIP CITY - ST - ZIP KISSIMMEE FL 34742 U00000159238 DOCUMENT # STREET ADDRESS TIMONERA, VICTORIA O. NAME STREET ADDRESS 2825 MIDDLETON CIR. CITY-ST-ZIP CITY - ST - ZIP KISSIMMEE FL 34743 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST ZIP 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

FILED

101/04

Daytime Phone #