2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

HERE

SIGNATURE

DOCUMENT # A23051 104 MAY - 3 PM 6: 31 CORDCON ASSOCIATES, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3823 OWENS ROAD 3823 OWENS ROAD YULEE, FL 32097-2145 YULEE, FL 32097-2145 2. Principal Place of Business 581705 White Oak Road 3. Mailing Address 581705 White Oak Road Suite, Apt. #, etc Suite, Apt. #, etc. 01232004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For Yulee, FL Yulee, 59-2774091 Not Applicable Country 32097 \$8.75 Additional 32097 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIEGEL, JEROME A Street Address (P.O. Box Number is Not Acceptable) 581705 White Oak Road 3823 OWENS ROAD YULEE, FL 32097-2145 ^{City}Yulee 32097 the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the obligations of registered agent. 9. Capital Contributions 10. Amount of Capital Contributions \$990.00 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 jiged on the form; an amendment must be filed to change a general partner. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORM 13. G17202 DOCUMENT # STREET ADDRESS NAME CORDCON CAPITAL CORP. 581705 White Oak Road STREET ADDRESS 3823 OWENS ROAD CITY-ST-ZIP CITY-ST-ZIP YULEE, FL 320972145 Yulee, FL 32097 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 100036544631 05/18/04--01032--005 **1 DOCUMENT # STREET ADDRESS **141.25 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # CHECK STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

NING GENERAL PARTNE