2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004 O4 MAY -3 PH 6:31 **DOCUMENT # A23411** SECRETARY OF STATE TALLAHASSEE, FLORIDA GENÉVA ASSOCIATES, LTD. Principal Place of Business Mailing Address 3823 OWENS ROAD 3823 OWENS ROAD YULEE, FL 32097 YULEE, FL 32097 2. Principal Place of Business 3. Mailing Address 581705 White Oak Road 581705 White Oak Road Suite, Apt. #, etc. Suite, Apt. #, etc. 01232004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Yulee, FL ${ m FL}$ Yulee, 59-2805232 Country Country \$8.75 Additional 5. Certificate of Status Desired \Box 32097 32097 USA 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 ^ciyulee 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 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 changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # G17202 STREET ADDRESS 581705 White Oak Road NAME CORDCON CAPITAL CORP. STREET ADDRESS 3823 OWENS ROAD CITY-ST-ZIP Yulee, FL 32097 CITY-ST-ZIP YULEE, FL 32097 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY_ST-7IP CITY-ST-ZIP

Applied For

Not Applicable

600036544686 05/18/04--01032--006 **141 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZiP DOCUMENT # STREET ADDRESS NAME 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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STAPLE CHECK

CITY-ST-ZIP

NAME STREET ADDRESS