## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

## FILED DOCUMENT # A23976 1. Entity Name DL JAN 22 PM 12: 45 PADÚLA FAMILY LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 750 SOUTHEAST THIRD AVE. 750 SOUTHEAST THIRD AVE. SUITE 100 SUITE 100 FT LAUDERDALE, FL 33316 FT LAUDERDALE, FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132004 CR2E003 (10/03) Chg-LP Applied For 4. FEI Number City & State City & State 58-6240682 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KAPLAN, RUSSELL D ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 750 SOUTHEAST 3RD AVE. SUITE 100 FORT LAUDERDALE, FL 33316 Zip Code 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 title if applicable. 10. Amount of Capital Contributions 9. Capital Contributions \$708,200.00 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. G92339000075 DOCUMENT # STREET ADDRESS PADULA REVOCABLE TRUST NAME 758 PASEO MIRAMAR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PACIFIC PALISADES, CA 90272 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <del>- 600027441466. -</del> 01/22/04--01072--014 \*\*\$26.25 \_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 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 filling 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

SIGNATURE: Low Padula Louis PADULA 1-17-04 310-459 6804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dayling Phone #