2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUMENT # A24412 04 JUN 10 PM 3: 42 1. Entity Name L.T.C./FOREST OAKS, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 8055 FOREST OAKS BLVD. 8055 FOREST OAKS BLVD. SPRING HILL, FL 34606 SPRING HILL, FL 34606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282004 CR2E003 (10/03) City & State 4. FEI Number City & State Applied For 59-2798281 Not Applicable Zjp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name DEES, RUSCH O Street Address (P.O. Box Number is Not Acceptable) 8055 FOREST OAKS BLVD. SPRING HILL, FL 34606 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 DATE 9. Capital Contributions 10. Amount of Capital Contributions \$280,000.00 as Shown on record: 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 12. ADDRESS CHANGES ONLY 13. P92000009141 DOCUMENT # STREET ADDRESS MERCURY PROPERTIES, INC. NAME STREET ADDRESS 8055 FOREST OAKS BLVD. CITY-ST-ZIP CITY-ST-ZIP SPRING HILL, FL 34606 DOCUMENT # STREET ADDRESS HANG STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # 300037869093STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS ŅAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this fling 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 employered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE:

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