2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUMENT # A24544 04 MAY 20 PM 1: 35 PINEBROOK MANOR, LTD. SETTING STATE TALLAHAESLE FLORIBA Mailing Address Principal Place of Business MJH 29656 U.S. 19 NORTH, SUITE 100 29656 U.S. 19 NORTH, SUITE 100 CLEARWATER, FL 34621 CLEARWATER, FL 34621 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02112004 4 FELNumber City & State_ City & State 59-2830667 Zip 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 MINIERI, CARL A 2956 US 19, NORTH, SUITE 100 Street Address (P.O. Box Number is Not Acceptable) CLEARWATER, FL 34621 City Zip Code FL 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. 9. Capital Contributions 10. Amount of Capital Contributions \$2,375,000.00 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 12. DOCUMENT # J49276 STREET ADDRESS PINEBROOK MANOR, INC. NAME STREET ADDRESS 29656 U.S. 19 NORTH, SUITE 100 700037868977 CITY-ST-ZIP CLEARWATER, FL 34621 CHTY-ST-ZIP DOCUMENT ! STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 70003786897 06/11/04-01021-021 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP #ITY-ST-ZIP DOCUMENT # STREET ADDRESS IK! AE STREET ADDRESS CITY-ST-ZIP CHI (-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