2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUMENT # A26983 1. Entity Name GARDEN SOUTH 535, LTD. 04 APR 30 PH 12: 19 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3330 GLENCAIRN COURT 3330 GLENCAIRN COURT SUITE 201 SUITE 201 BONITA SPRINGS, FL 34134 BONITA SPRINGS, FL 34134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02172004 CR2E003 (10/03) Chg-LP Applied For City & State 4. FEI Number City & State 59-2910730 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RIHS, DOMINIQUE C Street Address (P.O. Box Number is Not Acceptable) 5131 SUNBURY COURT NAPLES, FL 34104 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 DATE Signature, typed or printed name of registered agent and title if applicable 10. Amount of Capital Contributions 9. Capital Contributions 636,034.00 31.1222003 \$1,117,019.00 in FLORIDA to date. 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. 13. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME HOFMANN, VOLKER STREET ADDRESS GEYERSTR.32 CITY-ST-ZIP CITY-ST-7/P 80469 MUNICH.GERMANY, DOCUMENT # STREET ADDRESS RIMBACH, THOMAS STREET ADDRESS **HERMANN-GMEINER-WEG 16** CITY-ST-7P CITY-ST-ZIP 81929 MUNICH, GERMANY, 600036472806 05/14/<u>04--</u>01048<u>--</u>040_**437,50 DOCUMENT # STREET ADDRESS NAME: --STREET ADDRESS CITY-ST-ZIP 600036472806 05/14/04--01048--041 ***88.75 CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-7P CHECK HERE CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP STAPLE (DOCUMENT # STREET ADDRESS NATE 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

RingAcH

lhomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

APRIL 24,2004

(08) 9302520 GER.

Daytime Phone i