2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

| DUE BY MAY 1, 2004                                                                                                                                |                                                                    |                                                                   |                                                                              |                                          |                                                                                                  |                                             | FILED                                             |                                  |                                               |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------|----------------------------------|-----------------------------------------------|--|
| DOCUMENT # A29516  1. Entity Name                                                                                                                 |                                                                    |                                                                   |                                                                              |                                          |                                                                                                  | Mar 19, 2004 08:00 AM<br>Secretary of State |                                                   |                                  |                                               |  |
| GREATER<br>PARTNER                                                                                                                                |                                                                    | EBALL CLUB LIM                                                    | ITED                                                                         |                                          |                                                                                                  |                                             |                                                   | J 01 2                           |                                               |  |
| Principal Place of Business Mailing Address                                                                                                       |                                                                    |                                                                   |                                                                              |                                          | . <del> </del>                                                                                   |                                             | -                                                 |                                  |                                               |  |
|                                                                                                                                                   | MILE CYPRESS                                                       | E CO. SPORTS COMP<br>PARKWAY                                      | %MIRACLE BASEB<br>14400 SIX MILE CY<br>FT. MYERS FL 3391                     | PRESS PA                                 | CO. SPORTS CON<br>ARKWAY                                                                         | /P                                          |                                                   |                                  | il bisit dilli Biditart as sves               |  |
| 2. Principal Place of Business                                                                                                                    |                                                                    |                                                                   | 3. Mailing Address                                                           |                                          |                                                                                                  |                                             |                                                   |                                  |                                               |  |
| Surte, Apt. #, etc.                                                                                                                               |                                                                    |                                                                   | Suite, Apt. #, etc.                                                          |                                          |                                                                                                  | MOORE CR2E003 (11/03)                       |                                                   |                                  |                                               |  |
| City & State                                                                                                                                      |                                                                    |                                                                   | City & State                                                                 |                                          |                                                                                                  | 4. FEI Numb                                 | er 65-0164971                                     |                                  | Applied For Not Applicat                      |  |
| Zip                                                                                                                                               | Zip Country                                                        |                                                                   | Zip Country                                                                  |                                          | ntry                                                                                             | 5. Certificate                              | of Status Desired                                 |                                  | 8.75 Additional see Required                  |  |
|                                                                                                                                                   | 6. Name and                                                        | Address of Current Re                                             | gistered Agent                                                               | <u> </u>                                 | Name                                                                                             | 7. Name and                                 | Address of New Re                                 |                                  |                                               |  |
| C T CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD                                                                                                |                                                                    |                                                                   |                                                                              |                                          | Street Address (P.O. Box Number is Not Acceptable)                                               |                                             |                                                   |                                  |                                               |  |
| PLANTATION FL 33324                                                                                                                               |                                                                    |                                                                   |                                                                              |                                          |                                                                                                  |                                             | <u> </u>                                          |                                  | <u> </u>                                      |  |
|                                                                                                                                                   |                                                                    |                                                                   |                                                                              |                                          | City                                                                                             |                                             |                                                   | FL                               | Zıp Code                                      |  |
| The above named entity submits this statement for the purpose of changing it the obligations of registered agent.                                 |                                                                    |                                                                   |                                                                              |                                          | tered office or registered agent, or both, in the State of Florida. I am familiar with, and acce |                                             |                                                   |                                  |                                               |  |
| •                                                                                                                                                 | _                                                                  | agent.                                                            |                                                                              |                                          |                                                                                                  |                                             |                                                   |                                  |                                               |  |
| SIGNATURE Signature typed or printed name of registered agent and title if applicable.  9. Capital Contributions \$770,500,00 10. Amount of Capit |                                                                    |                                                                   |                                                                              |                                          | hutione                                                                                          |                                             | 11 MAYE CHECK                                     | DATE T                           | O FL. DEPT. OF STAT                           |  |
| as Shown on record. \$705,000.00 in FLORIDA to  A GENERAL PARTNER THAT IS A BUSINESS E                                                            |                                                                    |                                                                   |                                                                              |                                          | 705,0                                                                                            |                                             | SEE REVERSI                                       | E SIDE FOR I                     | FEE INFORMATION                               |  |
|                                                                                                                                                   | NOTE: Ge                                                           | neral Partners MAY                                                | NOT be changed or                                                            | the form                                 | ı; an amendmen                                                                                   | I EHED AND A                                | d to change a ge                                  | neral partr                      | er.                                           |  |
| 12.<br>DOCUMENT #                                                                                                                                 |                                                                    |                                                                   |                                                                              |                                          | EET ADDRESS                                                                                      |                                             | ADDRESS CHA                                       | NGES ONLY                        | ·                                             |  |
| NAME<br>STREET ADDRESS                                                                                                                            |                                                                    |                                                                   |                                                                              | RTNERSHI CITY                            |                                                                                                  |                                             |                                                   | <del></del> -                    |                                               |  |
| CITY-ST-ZIP<br>DOCUMENT #                                                                                                                         | FT. MYERS FL                                                       |                                                                   | <u> </u>                                                                     |                                          |                                                                                                  | · · · · · · · · · · · · · · · · · · ·       | 00000003                                          | 7174                             |                                               |  |
| NAME<br>STREET ADDRESS                                                                                                                            |                                                                    |                                                                   |                                                                              | SIR                                      | EET ADDRESS                                                                                      |                                             | 03/26/04-80                                       | <u>028-018</u>                   | 526.25                                        |  |
| CITY-ST-ZIP                                                                                                                                       |                                                                    |                                                                   |                                                                              | CITY                                     | -ST-ZIP                                                                                          |                                             |                                                   |                                  |                                               |  |
| DOCUMENT #<br>NAME                                                                                                                                | <u> </u>                                                           |                                                                   |                                                                              | STAI                                     | EET AODRESS                                                                                      |                                             |                                                   |                                  |                                               |  |
| STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                     |                                                                    |                                                                   |                                                                              | CITY                                     | -ST-ZIP                                                                                          |                                             | <del></del>                                       |                                  | <del></del>                                   |  |
| DOCUMENT #                                                                                                                                        |                                                                    |                                                                   |                                                                              | STR                                      | EET ADDRESS                                                                                      |                                             |                                                   | <del></del>                      | <u> </u>                                      |  |
| STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                     |                                                                    |                                                                   |                                                                              | CITY                                     | -ST-ZIP                                                                                          |                                             |                                                   | <u> </u>                         | C SP Nert 2 S                                 |  |
| DOCUMENT #                                                                                                                                        |                                                                    |                                                                   |                                                                              | STRE                                     | ET ADDRESS                                                                                       |                                             |                                                   |                                  | <u></u>                                       |  |
| NAME<br>STREET ADDRESS                                                                                                                            |                                                                    |                                                                   |                                                                              |                                          | -ST-ZIP                                                                                          |                                             | <u> </u>                                          |                                  | <u>, , , , , , , , , , , , , , , , , , , </u> |  |
| DOCUMENT #                                                                                                                                        |                                                                    |                                                                   |                                                                              | _                                        |                                                                                                  | <u>s</u>                                    | <u> </u>                                          |                                  | <u></u>                                       |  |
| NAME<br>STREET ADDRESS                                                                                                                            |                                                                    |                                                                   |                                                                              |                                          | TET ADDRESS                                                                                      | H 2                                         |                                                   |                                  |                                               |  |
| CITY - ST - ZIP                                                                                                                                   |                                                                    | n                                                                 | G                                                                            |                                          | -ST-ZIP                                                                                          |                                             | <del></del>                                       |                                  | <u> </u>                                      |  |
| indicated<br>the receiv                                                                                                                           | certify that the info<br>on this report is t<br>ver or trusted emp | mation supplied with this re and accurate and the re were this re | s hing does not qualify<br>t my signature shall ha<br>port as required by Ch | for the exe<br>ve the same<br>apter 620, | mption stated in Se<br>e legal effect as if m<br>Florida Statutes                                | nade under oath                             | i), Florida Statutes. I:<br>, that I am a Geperal | further certify<br>Partner of th | that the information e limited partnership    |  |
| SIGNAT                                                                                                                                            | 'URE: 🖳                                                            | SGNATURE AND TYPED OR PRI                                         | NAME OF SIGNAL ASS                                                           | Neman !                                  | <u> </u>                                                                                         | 3-45                                        | 40                                                |                                  | ma Dhana #                                    |  |

Daytime Phone #