2004 LIMITED PARTNERSHIP ANNUAL REPORTS Due By May 1, 2004

FILED **DOCUMENT # A30297** 04 JAN 29 AM 10: 14 THE CHARLES R. LEE III FIRST FAMILY LIMITED SECRETARY OF STATE TALLAHASSEE FLORIDA PARTNERSHIP Mailing Address Principal Place of Business 4664 BERWYN CT. 4664 BERWYN CT. PALM HARBOR, FL 34685-2619 PALM HARBOR, FL 34685-2619 3. Mailing Address 2. Principal Place of Business CR2E003 (10/03) Suite, Apt. #, etc. 01052004 Cha-LP Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 65-0202404 \$8.75 Additional Country X 5. Certificate of Status Desired Country Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHARLES R. LEE III 466 BERWYN CT. Street Address (P.O. Box Number is Not Acceptable) PALM HARBOR, FL 34685-2619 Zip Code City 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. DATE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 10. Amount of Capital Contributions 9. Capital Contributions \$492,750.00 \$ 502,750.00 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. STREET ADDRESS DOCUMENT # LEE, CHARLES R., III NAME 4664 BERWYN CT. STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 346852619 CITY-ST-ZIP STREET ADDRESS DOCUMENT # NAME STREET ADDRESS <u>500027891345</u> 01/23/04--01057--010 **\$35.00 CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS DOCUMENT # NAME STREET ADDRESS CITY-ST-792 CITY-ST-78P STREET ADDRESS DOCUMENT # STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS CHECK NAME STRIFT ADDRESS CITY-ST-ZIP C!TY-ST-ZIP STAPLE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP 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 eath; 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

- CHARLES R. LEE III

luza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: