2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

04 MAY -4 PM 5: 00 DOCUMENT # A30792 1. Entity Name SECRETARY OF STATE TALLAHASSEE, FLORIDA DAVIE PLAZA LIMITED PARTNERSHIP Mailing Address Principal Place of Business %KONOVER & ASSOICATES SOUTH, INC. %KONOVER & ASSOICATES SOUTH, INC. 7000 W. PALMETTO PARK RD., SUITE 408 7000 W. PALMETTO PARK RD., SUITE 408 BOCA RATON, FL 33433 BOCA RATON, FL 33433 2. Principal Place of Business 7000 West Palmetto Park Road 3. Mailing Address 7000 West Palmetto Park Road Suite, Apt. #, etc. Suite, Apt. #, etc. 03222004 Cha-LP CR2E003 (10/03) Suite 203 Suite 203 City & State Boca Raton, FL City & State 4. FEI Number Applied For Boca Raton, FL 65-0230928 Not Applicable Country 33433 Country Zip. \$8.75 Additional 5. Certificate of Status Desired 33433 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREËT TALLAHASSEE, FL 32301-2525 City 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 \$250,000.00 10. Amount of Capital Contributions 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY L82258 . DOCUMENT # STREET ADDRESS 7000 West Palmetto Park Rd., Ste. 203 KONOVER MOBILE, INC. NAME STREET ADDRESS 7000 W. PALMETTO PARK ROAD, SUITE 408 CITY-ST-ZIP Boca Raton, FL 33433 CITY-ST-ZIP BOCA RATON, FL 33433 DOCUMENT# STREET ADDRESS <u>600036546666</u> 05/18/04--01035--024 **526.25 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

4. 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

SIGNATURE:

CHECK

By: GEXECU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Konover Mobile, Inc., its General Partner, By: Gregory V. Combs, its Executive Vice President, COO

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