2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

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FILED **DOCUMENT # A30935** 1. Entity Name 04 FEB -2 AM 9:55 STRÓNG PROPERTIES, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address C/O DAVID C. STRONG C/O DAVID C. STRONG P.O. BOX 276 P.O. BOX 276 WINTER PARK, FL 32790 WINTER PARK, FL. 32790 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 59-3045148 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STRONG, DAVID C. Street Address (P.O. Box Number is Not Acceptable) 300 VIRGINIA DRIVE WINTER PARK, FL 32789 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 DATE Signature, typed or printed name of registered agent and title if applicable. 10. Amount of Capital Contributions 9. Capital Contributions \$4,950.00 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. 13. \$19552 DOCUMENT # STREET ADDRESS HBL PROPERTIES, INC. NAME 300 VIRGINIA AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK, FL 32789 100028010991 02/02/04--01053--013 **14 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP M THOMAS DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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.

GENERIM

ING GENERAL PARTNER

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