

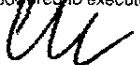


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 26, 2004 08:00 AM
Secretary of State

| | | | | | |
|--|------------------------------------|---|--|---|--|
| DOCUMENT # A31281 1. Entity Name COUNTY LINE SOUTH PROPERTIES, LTD. | | | |  | |
| Principal Place of Business 450 E. LAS OLAS BLVD., 15TH FLOOR FT. LAUDERDALE, FL 33301 | | | Mailing Address 450 E. LAS OLAS BLVD., 15TH FLOOR FT. LAUDERDALE, FL 33301 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  04202004 Chg-LP CR2E003 (10/03) | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 65-0247815 | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE SE 3RD AVE., 27TH FLOOR MIAMI, FL 33131 | |
| 7. Name and Address of New Registered Agent Name | | | | | |
| Street Address (P.O. Box Number Is Not Acceptable) | | | | | |
| City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$2,385,100.00 | | 10. Amount of Capital Contributions in FLORIDA to date. 2,385,100.00 | | | |
| 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 | | | 13. ADDRESS CHANGES ONLY | | |
| DOCUMENT # | S36726 | | STREET ADDRESS | | |
| NAME | COUNTY LINE SOUTH MANAGEMENT, INC. | | CITY-ST-ZIP | | |
| STREET ADDRESS | 450 E. LAS OLAS BLVD., 15TH FLOOR | | CITY-ST-ZIP | | |
| CITY-ST-ZIP | MIAMI, FL 33301 | | CITY-ST-ZIP | | |
| DOCUMENT # | | | STREET ADDRESS | | |
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| 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 820, Florida Statutes. | | | | | |
| SIGNATURE:  CHRIS V BRANDON Vice President | | | Date: 4/21/04 Daytime Phone #: 954-627-5000 | | |

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