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

SIGNATURE:

FILED Mar 04, 2004 08:00 AM Secretary of State DOCUMENT # A31333 1. Entity Name PINEBROOK SOUTH, LTD. Principal Place of Business Mailing Address 2801 FLORIDA AVE 2801 FLORIDA AVE SUITE 12 COCONUT GROVE FL 33133 SUITE 12 COCONUT GROVE FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 65-0251355 Not Applicable Zιρ Country Ziρ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHRAM, RONALD Y. Street Address (P.O. Box Number is Not Acceptable) 2801 FLÓRIDA AVE SUITE 12 COCONUT GROVE FL 33133 City Zio 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. DATE Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$1,000,000.00 as Shown on record. in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. P96000084509 DOCUMENT # STREET ADDRESS NAME F&R PINEBROOK CORP STREET ADDRESS 2801 FLORIDA AVE - SUITE 12 CRTY - ST- ZIP CITY-ST-ZIP COCONUT GROVE FL 33133 U000000087862 03/15/04-88027-007 **535.**00 DOCUMENT # STREET ADDRESS MASSE STREET ADDRESS CSTY-ST-ZSP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MARKE STREET ADDRESS CHTY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS STREET ADDRESS CRTY-ST-ZIP CITY - ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CRTY - ST - ZIP 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

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