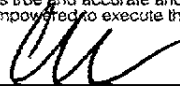


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A31625 1. Entity Name FMBC, LTD.					
Principal Place of Business 450 E. LAS OLAS BLVD., #1500 FT. LAUDERDALE, FL 33301			Mailing Address 450 E. LAS OLAS BLVD., #1500 FT. LAUDERDALE, FL 33301		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AMERICAN INFORMATION SERVICES, INC. ONE SE THIRD AVE., 28TH FL. MIAMI, FL 33131				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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. \$120,000,000.00			10. Amount of Capital Contributions in FLORIDA to date. 120,000,000.00		
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 #	L85790		STREET ADDRESS		
NAME	FLORIDA MARLINS, INC.		CITY-ST-ZIP		
STREET ADDRESS	450 E. LAS OLAS BLVD., #1500				
CITY-ST-ZIP	MIAMI, FL 33301				
DOCUMENT #	H03880		STREET ADDRESS		
NAME	HUIZENGA HOLDINGS, INC.		CITY-ST-ZIP		
STREET ADDRESS	450 E. LAS OLAS BLVD., #1500				
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			U000000146176 05/03/04-80052-017 526.25		
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  CHRIS V BROWN Vice President 4/21/04 954-627-5000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE