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

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SIGNATURE:

Copy FILED DOCUMENT # A9300000153 Jul 16, 2004 08:00 AM 1. Entity Name **Secretary of State** REGAL TRACE, LTD. Principal Place of Business Mailing Address P.O. BOX 357 DANIA FL 33004 9 NORTHWEST 4TH AVENUE, SUITE A **DANIA FL 33004** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 65-0452252 Not Applicable Zip Country Zîo Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JONES, MILTON L JR Street Address (P.O. Box Number is Not Acceptable) 9 NORTHWEST 4TH AVNEUE, SUITE A DANIA FL 33004 Zip Code 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 -Signature, typed or printed name of registered agent and title if applicable DATE 10. Amount of Capital Contributions \$14,633,058.00 9. Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$14,633,058.00 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. DOCUMENT # STREET ADDRESS NAME MILTON JONES DEVELOPMENT CORPORATION STREET ADDRESS 9 NORTHWEST 4TH AVENUE, SUITE A CITY+ST-799 CITY-ST-ZIP **DANIA FL 33004** 11888311000001 DOCUMENT # 07/16/04-80013-009 526.25 STREET ADDRESS MAKEF STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADORESS City-ST-ZIP CITY-SE-ZIP DOCUMENT # STREET ADDRESS MARKE STREET ADDRESS CITY-ST-ZIP CITY-ST-TIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST- ZP 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

CORPORATION

GENERAL PARTNER

3/23/04 927-5285