2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SECRETARY OF STATE DOCUMENT # A93000000249 DIVISION OF COEPORATIONS CHARYK INVESTMENT LIMITED PARTNERSHIP 04 APR 19 PM 2: 13 Principal Place of Business Mailing Address A302, 790 ANDREWS AVENUE A302, 790 ANDREWS AVENUE DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 65-0397417 Not Applicable 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 CHARYK, JOSEPH V A302, 790 ANDREWS AVENUE Street Address (P.O. Box Number is Not Acceptable) DELRAY BEACH, FL 33483 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 Signature, typed or printed name of registered agent and title if applicable 10. Amount of Capital Contributions 945, ecc 9. Capital Contributions \$45,000.00 as Shown on record. 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 CHARYK, JOSEPH V STREET ADDRESS 790 ANDREWS AVENUE, A302 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH, FL 33483 DOCUMENT # STREET AODRESS CHARYK, EDWINA R NAME STREET ADDRESS 790 ANDREWS AVENUE, A302 CITY-ST-78P DELRAY BEACH, FL 33483 DOCUMENT # STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DOCHMENT # STREET ADDRESS NAME 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 ADDRESS CITY-ST-Z#P CITY-ST-ZIP 14. If 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 04/15/04 SIGNATURE: URE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER