2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SIGNATURE: .

SIGNATURE AND TYPED OR PARTED NAME OF SIGNING GENERAL PARTNER

Apr 20, 2004 08:00 AM Secretary of State DOCUMENT # A93000000685 EDISON INVESTMENTS, LTD. Principal Place of Business Mailing Address 3109 STIRLING ROAD, SUITE 100 3109 STIRLING ROAD, SUITE 100 FT. LAUDERDALE, FL 33312 FT. LAUDERDALE, FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt #, etc. 04082004 Chg-LP CR2E003 (10/03) City & State City & State 4. FFI Number Applied For 65-0421457 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 SINGER, BERNARD A ESQ. Street Address (P.O. Box Number is Not Acceptable) 3107 STIRLING ROAD, SUITE 105 FORT LAUDERDALE, FL 33312 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 and familiar with, and accept the obligations of registered agent SIGNATURE Signature. Liced or printed name of registerer algeritia to the inappolicable DATE 10. Amount of Capital Contributions 9. Capital Contributions \$5,000,000.00 as Shown on record in FLORIDA to date 5,000,000.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # STPEET ADDRESS EDISON, RICHARD B NAME STREET ADDRESS 3109 STIRLING ROAD, SUITE 100 CiTY-ST-ZIP CITY - 37 - ZIP FT. LAUDERDALE, FL 33312 N4/29/N4-80002-004 525.25 DOCUMENT# STREET ADDRESS NAME STREET ADDRESS C/TY - \$1 - 21P CiTY-ST-ZIP GOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City-St-ZIP CHTY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ALDRESS CITY ST-ZIP CITY-SI-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CiTY-ST-ZIP CITY - ST-ZIP 14. Thereby cert fy that the information supplied with this filing goes not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes 1 further certify that the information indicated on this report is true and activitate 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 629. Florida Statutes

Richard B. Edison 4/13/04

FILED