2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

SIGNATURE: 2

04 SEP 15 PH 3: 02 DOCUMENT # A93000001043 LAWRENCE A. HEATON LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 20720 EAGLE CREEK COURT 20720 EAGLE CREEK COURT BOCA RATON, FL 33498 BOCA RATON, FL 33498 2. Principal Place of Business 3. Mailing Address 20720 Engle Greek (+ SAMR Suite, Apt. #, etc. 07132004 CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 65-0440705 BOCA Not Applicable Country 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 HEATON, LAWRENCE A. 20720 EAGLE CREEK COURT Street Address (P.O. Box Number is Not Acceptable) - ---BOCA RATON, FL 33498 Zip Code 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. aurena SIGNATURE DATE In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the 10. Amount of Capital Contributions 9. Capital Contributions \$400.00 in FLORIDA to date. as Shown on record. 400 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 # 700041536267 STREET ADDRESS NAME HEATON, LAWRENCE A 10/01/04--01048--003 **150.00 STREET ADDRESS 20720 EAGLE CREEK CT CITY-ST-ZIP CITY - ST- ZIP BOCA RATON, FL 33498 DOCUMENT # STREET ADORESS 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-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZiP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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)(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

FILED

Daytime Phone #

Date