2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED 2004 APR 26 AM 9: 31 **DOCUMENT # A93000001115** 1. Entity Name SECRETARY OF STATE TALLAHASSEE, FLORIDA CQM, LTD. Principal Place of Business Mailing Address 41475 W. CYPRESS CREEK ROAD, SUITE 204-1475 W. CYPRESS CREEK-ROAD, SUITE 204 FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 2. Principal Place of Business 3. Mailing Address 1000 N.W. 65TH. ST. 1000 N.W. 65TH. ST. Suite, Apt. #, etc. Suite, Apt. #, etc. 04072004 CR2E003 (10/03) Cha-LP SUITE 200 SUITE 200 Applied For City & State City & State 4. FEI Number FT. LAUDERDALE, FL. 33309 65-0444098 FT. LAUDERDALE, FL. 33309 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 Name THIRER, MARTIN P.A. Street Address (P.O. Box Number is Not Acceptable) 200 N.W. 65TH. ST. SUITE 200 1475 W. CYPRESS CREEK ROAD, SUITE 204 FORT LAUDERDALE, FL 33309 FT. LAUDERDALE, FL. 33309 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 9. Capital Contributions 10. Amount of Capital Contributions \$44,090.00 in FLORIDA to date. 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION 13. DOCUMENT # K61558 STREET ADDRESS SMG MANAGEMENT COMPANY 1000 N.W. 65TH. ST. SUITE 200 NAME STREET ADDRESS 1475 WEST CYPRESS CREEK ROAD, SUITE 204 CITY-ST-ZIP FT. LAUDERDALE, FL. 33309 CITY-ST-ZIF FORT LAUDERDALE, FL 33309 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 500036287865 05/14/04=-01008=-020 ***35 CITY-ST-ZIP DOCUMENT : STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREE DORESS CITY-ST-ZIP CITY-ST-ZIP nereby certify that the information supplied with this dim o does not quality 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 copyr as required by Chapter 620. Florida Statutes 4/22/2004 SIGNATURE: 954-772-7878

Daytime Phone #

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER