2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

Kita y Lewin Pres. - Kyl SIGNATURE AND PYPED OR PRINTED NAME OF SIGNING GENERAL POPUNE

CHECK

STAPLE

SIGNATURE:

DOCUMENT # A93000001168 04 APR 20 AM 11:54 1. Enlity Name LEWIN FAMILY LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 8302 SUMMERSONG TERRACE 8302 SUMMERSONG TERRACE BOCA RATON, FL 33496 BOCA RATON, FL 33496 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03172004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable 65-0447635 Zip Country Zip 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 LEWIN, RITA Street Address (P.O. Box Number is Not Acceptable) 8302 SUMMERSONG TERRACE BOCA RATON, FL 33496 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. DATE 10. Amount of Capital Contr as Shown on record. (365,394 in FLORIDA to date. 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 P93000019597 DOCUMENT # STREET ADDRESS NAME RYL, INC. STREET ADDRESS 8302 SUMMERSONG TERRACE CITY-ST-ZIP CITY-ST-ZIE BOCA RATON, FL 33496 DOCUMENT # STREET ADDRESS NAME 800034811918 04/30/04--01018--031 **526.25 STREET ADDRESS CITY-ST-7IP C!TY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-71P CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-712 CITY-SI-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 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

4/12/04

FILED