2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

SIGNATURE: Kubert Kuskeden um Signature and Typeo or Printed name QE SIGNING GENERAL PARTNER

May 14, 2004 08:00 AM Secretary of State DOCUMENT # A93000001169 1. Entity Name KRICKSTEIN PARTNERS LTD. Principal Place of Business Mailing Address 7559 FAIRMONT COURT 7559 FAIRMONT COURT **BOCA RATON FL 33496 BOCA RATON FL 33496** 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt # etc MOORE CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 65-0453192 Not Applicable Ζιρ 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 Name GLASSER, GENE K Street Address (P.O. Box Number is Not Acceptable) C/O ABRÁMS, ANTON, ROBBINS, ET AL 2021 TYLER STREET HOLLYWOOD FL 33022 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 twoad or printed name or registered agent and tille is applicable 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$4,124,633.00 as Shown on record. in FLORIDA to date SEE REVERSE SIDE FOR FEE INFORMATION 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 KRICKSTEIN, HERBERT I STREET ADDRESS 7559 FAIRMONT COURT CITY-ST-7IP U00000160868 CITY-ST-ZIP **BOCA RATON FL 33496** 85/18/84-80803-016-526.25 DOCUMENT # STREET ADDRESS KRICKSTEIN, EVELYN NAME STREET ADDRESS 7559 FAIRMONT COURT CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHECK HERE 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. Thereby 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

5/1/64 56/-482-0090