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

APLE

SIGNATURE:

FILED Apr 28, 2004 08:00 AM Secretary of State DOCUMENT # A93000001202 WARREN FAMILY ENTERPRISES, LTD. Principal Place of Business Mailing Address 30527 PASCO ROAD SAN ANTONIO FL 33576 30527 PASCO ROAD SAN ANTONIO FL 33576 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 59-3210461 Not Applicable Ζιρ Zip 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 WARREN, HAROLD F 30527 PASCO ROAD Street Address (P.O. Box Number is Not Acceptable) SAN ANTONIO FL 33576 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. DATE 11. MAKE CHECK PAYABLE TO FL. DEPT OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$2,000,000.00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS NAME WARREN, HAROLD F STREET ADDRESS 30527 PASCO ROAD CITY-ST-ZIP CITY-ST-ZIP SAN ANTONIO FL 33576 U00000156567 05/06/04-80002-001 526.25 DOCUMENT # STREET ADDRESS MAME WARREN, EMILEE STREET ADDRESS 30527 PASCO ROAD CITY-ST-ZIP CXTY-57-71P SAN ANTONIO FL 33576 DOCUMENT # STREET ADDRESS NAME STREET ALDRESS CITY-ST-7IP CITY-ST-78P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-78P ECHY-ST-ZIP DOCUMENT # STREET ADDRESS MASSE STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST-ZIP CITY-ST- 7/P 14. Thereby certify that the information supplied with his hiling 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 pannership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

4-24-04 (52) 588-3538