2004 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A93000001360

1230 - 38 OCEAN DRIVE

MIAMI BEACH, FL 33139

Address:

City-St-Zip:

Entity Name: LES DEUX FONTAINES PARTNERSHIP, LTD.

FILED Apr 08, 2004 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|--|--|-----------------------------------|---|--|
| 1230 - 38 OCEAN DRIVE MIAMI BEACH, FL 33139 | | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 1230 - 38 OCEAN DRIVE MIAMI BEACH, FL 33139 | | | | |
| FEI Number: 65-0458496 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| LESMARIE, XAVIER 1230 - 38 OCEAN DR. MIAMI BEACH, FL 33139 | US | | | |
| The above named entity s in the State of Florida. | ubmits this statement for the pu | urpose of changing its registered | I office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electronic Signature of Registered Agent | | nt | Date | |
| | s Shown on record: 100.00 ributions in Florida to date: ATION: | 100.00 ADDRESS CHANGES ONL | Y : | |
| Document #: Name: OCEAN MANAGI | EMENT OF SOUTH FLORIDA, INC. | | | |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

SIGNATURE: XAVIER LESMARIE VP 04/08/2004