2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

Feb 03, 2004 08:00 AM Secretary of State DOCUMENT # A93000001411 COLÉMAN FAMILY PROPERTIES, LTD. Principal Place of Business Mailing Address 2111 LAKESIDE DR. 2111 LAKESIDE DR. ORLANDO, FL 32803 ORLANDO, FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01292004 CR2E003 (10/03) Chg-LP City & State City & State 4. FEI Number Applied For 59-3215390 Not Applicable Zip Zio 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 COLEMAN LABORATORIES, INC. Street Address (P.O. Box Number is Not Acceptable) 2111 LAKESIDE DR. ORLANDO, FL 32803 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, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions \$990.00 as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12, P93000087359 OCCUMENT # STREET ADDRESS COLEMAN LABORATORIES, INC. NAME STREET ADDRESS 2111 LAKESIDE DR. CITY-ST-ZIP U000000070228 CITY-ST-ZIP ORLANDO, FL 32803 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI DOCUMENT 8 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: Must

Cleman Michael A. Coleman 1-29-2004 407.228.8400
OR DEINTED NAME OF SIGNING GENERAL PARTNER

FILED