2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

STAPLE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Apr 09, 2004 08:00 AM Secretary of State DOCUMENT # A94000000422 BAYSHORE GRAND, LTD. Principal Place of Business Mailing Address 3333 W. KENNEDY BLVD., STE. 206 3333 W. KENNEDY BLVD., STE. 206 TAMPA, FL 33609 TAMPA, FL 33609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 03232004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 59-3234222 Not Applicable 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 Name CURTIS, ROBERT T Street Address (P.O. Box Number is Not Acceptable) 3333 W. KENNEDY BOULEVARD, SUITE 206 **TAMPA, FL 33609** Csty 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 Synature typed or printed name of registered agent and time 4 applicable 9. Capital Contributions 10. Amount of Capital Contributions \$634,000.00 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 13. ADDRESS CHANGES ONLY P94000024619 DOCUMENT # STREET ADDRESS NAME BAYSHORE GRAND, INC. STREET ADDRESS 3333 WEST KENNEDY BOULEVARD, SUITE 206 C87-S3-ZIP CITY-SI-ZIP TAMPA, FL 33609 U00000114938 04/16/04-80004-007 526.25 DOCUMENT # STREET ADORESS NAME STREET ADDRESS GITY - ST - ZXP CITY-SE-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City-SI-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS C8EY-ST- 7IP CITY-SI-ZIP DOCUMENT # STREET ADORESS STREET ADDRESS CHTY-ST-ZIP CUTY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP CITY-ST-2IP 14. I hereby certify that the information supplied with this filling 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