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

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SIGNATURE: James A. Au Pho
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## Apr 21, 2004 08:00 AM Secretary of State DOCUMENT # A94000001146 AMRHEIN FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address **575 ECON RIVER PLACE** 575 ECON RIVER PLACE OVIEDO FL 32765 OVIEDO FL 32765 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 58-2128911 Not Applicable Ζıp Country Zip 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 AMRHEIN, JAMES A Street Address (P.O. Box Number is Not Acceptable) 575 ECON RIVER PLACE OVIEDO FL 32765 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, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$200,000.00 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 AMRHEIN, JAMES A TRUSTEE NAME STREET ADDRESS 575 ECON RIVER PLACE CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 SOCUMENT # STREET ADDRESS 04/29/04-90008-025 526.25 AMRHEIN, JACQUELINE M TRUSTEE NAME STREET ADDRESS 575 ECON RIVER PLACE CITY-ST-ZIP City+St-2le OVIEDO FL 32765 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS NAME STREET ADDRESS CMY-ST-7P CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET AFIDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-S1-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

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