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

SIGNATURE:

Apr 14, 2004 08:00 AM Secretary of State DOCUMENT # A94000001366 1. Entity Name TROPHY HUNTER INVESTMENTS, LTD. Principal Place of Business Mailing Address 10124 FOXHURST COURT 10124 FOXHURST COURT ORLANDO FL 32836 ORLANDO FL 32836 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 59-3264604 Not Applicable Z_{iD} Country Zio 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 VAN DYKE, STEVEN A Street Address (P.O. Box Number is Not Acceptable) 10124 FOXHURST COURT ORLANDO FL 32836 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 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 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. \$124,123,080.36 as Shown on record. SEE REVERSE SIDE FOR FEE INFORMATION 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. 13. DOCUMENT # P94000066450 STREET ADORESS NAME TROPHY HUNTER, INC. STREET ADDRESS 10124 FOXHURST COURT CITY-ST-ZIP U00000120620 City ST-ZiP ORLANDO FL 32836 04720704-80015-015-5**35**.00 DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-77P CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CSTY-ST-78P 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

Soven A. Van Dyke, O-P. 4/07/04

345-8332

FILED