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

SIGNATURE:

Apr 26, 2004 08:00 AM Secretary of State DOCUMENT # A94000091394° LAROSA FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address LAKE ORIOLE RANCH 8481 CROOM RITAL RD. BROOKSVILLE FL 34602 LAKE ORIOLE RANCH 8481 CROOM RITAL RD BROOKSVILLE FL 34602 3. Mailing Address 2. Principal Place of Business Suite, Apt, #, etc. Suite, Apt #, etc. MOORE CR2E003 (11/03) Applied For 4. FEI Number City & State City & State 59-3275350 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GASSMAN, ALAN S Street Address (P.O. Box Number is Not Acceptable) 8481 CROOM RITAL RD. **BROOKSVILLE FL 34602** 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. DATE 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$100.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. P94000065521 STREET ADDRESS LAKE ORIOLE RANCH, INC. NAME 8481 CROOM RITAL RD. STREET ADDRESS U00000146689 05/03/04-80075-016 141.25 CITY-ST-ZIP CBTY-SI-ZIP BROOKSVILLE FL 34602 DOCUMENT # STREET ADDRESS NALE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DECEMBNE # STREET ADDRESS NAME STREET ADDRESS CATY-SE-28P CETY-ST-ZIP * THEMUSOR STREET ADDRESS NAME STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME SEREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7}P SITY-ST-ZIP 14. Thereby 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 62(c. Florida Statutes).

FILED