2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUMENT # A94000001416 04 JAN 30 PM 2: 29 TASKER FAMILY LIMITED PARTNERSHIP SECALTARY OF STATE TALLAHASSEE FLORIDA Mailing Address Principal Place of Business 3157 CRAYTON ROAD 3157 CRAYTON ROAD NAPLES, FL 34103 NAPLES, FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132004 CR2E003 (10/03) Chg-LP Applied For City & State City & State 4 FEI Number 65-0536191 Not Applicable Zìp 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 GORDON, BRUCE H Street Address (P.O. Box Number is Not Acceptable) C/O SHUMAKER, LOOP & KENDRICK 101 EAST KENNEDY BLVD., SUITE 2800 TAMPA, FL 33602 City 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 \$9,900,000.00 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 13. 12. P95000021948 DOCUMENT # STREET ADDRESS NAME TASKER FAMILY CORPORATION STREET ADDRESS 3157 CRAYTON ROAD CITY-ST-ZIP NAPLES, FL 34103 CITY-ST-ZIP DOCUMENT # STREET ADDRESS ELWELL, SARA T NAME STREET ADDRESS 1135 ASBURY AVENUE 100027917121 CITY-ST-ZIP CITY-ST-ZIP 01/30/04--01022--013 EVANSTON, IL 60202 DOCUMENT # STREET ADDRESS TASKER, JEREMIAH B NAME STREET ADDRESS 3157 CRAYTON ROAD CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34103 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 employered to execute this report as required by Chapter 620, Florida Statutes

FILED