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

## Feb 09, 2004 08:00 AM Secretary of State DOCUMENT # A94000001514 1. Entity Name TIMOSHENKO FAMILY PARTNERSHIP, LTD. Principal Place of Business Mailing Address 3630 GULF OF MEXICO DRIVE #101-B 12690 PLYMOUTH DRIVE LONGBOAT KEY FL 34228 SARATOGA CA 95070 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 65-0564969 Not Applicable Zıp 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 KUTCH, STEPHANIE T 3630 GULF OF MEXICO DR., #101B LONGBOAT KEY FL 34228-2830 Street Address (P.O. Box Number is Not Acceptable) 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 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL, DEPT, OF STATE 4,356,000.00 \$4,356,000.00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME KUTCH, STEPHANIE T 12690 PLYMOUTH DRIVE STREET ADDRESS CITY - ST- ZIP CiTY - ST-ZIP SARATOGA CA 95070 U00000070919 U2/28/04-80038-008-535.00 DOCUMENT # STREET ADDRESS NAME TIMOSHENKO, JOHN A STREET ADDRESS 3630 GULF OF MEXICO DRIVE, #101-B CITY-ST-ZIP CITY-ST-ZIP LONGBOAT KEY FL 34228 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREE ADDRESS CITY-ST-ZIP CITY-ST-7/P

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 620, Florida Statutes

SIGNATURE: SIGNATURE AND OF PRINTED NAME OF SIGNING GENERAL PARTNER

1/27/04 (408) 253-3331 Davigne Phone #

FILED