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

SIGNATURE:

Mar 29, 2004 08:00 AM Secretary of State DOCUMENT # A94000001616 1. Entity Name FAT DEER KEY, LIMITED Principal Place of Business Mailing Address 20458 OLD CUTLER ROAD MIAMI FL 33189 P.O. BOX 143914 CORAL GABLES FL 33114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 65-0556074 Not Applicable Zip Country 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 MULLER, CHARLES E II Street Address (P.O. Box Number is Not Acceptable) 7385 GALLOWAY ROAD SUITE 200 MIAMI FL 33173 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 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 \$2,929,725.00 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION 13. DOCUMENT # P94000074021 STREET ADDRESS FAT DEER KEY MANAGEMENT CORP. I NAME 20458 OLD CUTLER ROAD STREET ACCRESS CITY-ST-ZIP CSTY - ST - 782 MIAMI FL 33189 400000104 P94000074027 DOCUMENT # 84/(16/04-80007 STREET ADDRESS MAME FAT DEER KEY MANAGEMENT CORP. II STREET ADDRESS 20458 OLD CUTLER ROAD U00000104368 CITY-ST-ZIP CITY-ST-78P MIAMI FL 33189 04/06/04-20007-012 535 DOCUMENT # P94000074029 STREET ADDRESS NALSE FAT DEER KEY MANAGEMENT CORP. III STREET ADDRESS 20458 OLD CUTLER ROAD CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33189 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 3.19.07(3)(f), 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

FILED

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