2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

STAPLE CHECK HERE

| DOCUMENT # A9400001787 1. Entity Name WELCH PROPERTIES, LTD. Principal Place of Business 310 EDEN RD. PALM BEACH, FL 33480 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | TĂLŪ | EB 12 AM | 9: 04 STATE FLORIDA | , | MJH |
|--|--------------------------------------|---------------------------------------|------------------|-------------|--|--------------------------|--|---------------------------|-----------------------------|---------------------|
| City & State | | | City & State | | | 4. FEI Number 65-0543 | | | Applie Not A | ed For pplicable |
| Zìp | Zip Country | | Zìp | Cour | itry | 5. _Certificate o | f-Status Desired | | 8.75 Additio ee Required | nal |
| <u>. </u> | 6. Name | and Address of Current i | Registered Agent | | 7. Name and Address of New Registered Agent Name | | | | | |
| ROBERT G.H. WELCH, M.D. 310 EDEN RD. PALM BEACH, FL 33480 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | City | FL Zip Code | | | | |
| The above named entity submits this statement for the purpose of changing its registered office or registere the obligations of registered agent. SIGNATURE | | | | | | | , in the State of Flo I [] 2 9 4 /0401019 | rida. I am far | Miliar with, and | 1 |
| 9. Capital Co | | or printed name of registered agent a | | 1 | DATE | | | | | |
| as Shown on record. \$5,000,000.00 in FLORIDA to date. \$1,500,000.00 | | | | | | | | | | |
| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND A NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed. 12. GENERAL PARTNER INFORMATION 13. | | | | | | | | eneral partr | ner. | |
| DOCUMENT # NAME STREET ADDRESS | WELCH, I | INFORMATION | 13. | EET ADDRESS | WELCH, | ROBERT | | | | |
| CITY-ST-ZIP | | ACH, FL 33480 | | CITY | -ST-ZIP | | | | | |
| DOCUMENT / NAME STREET ADDRESS . CITY-ST-2IP | WELCH, ROBERT B 1311 MORRISON AVENUE | | | | -ST-ZIP | | • | | | |
| DOCUMENT # | TAMPA, F | L 33606 | STR | ET ADDRESS | | e e e | <u> </u> | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | -ST-ZIP | | | | | |
| DOCUMENT # NAME | | | | STRE | ET ADDRESS | | | | - | |
| STREET ADDRESS CITY-ST-ZIP | | | | CITY | -ST-ZIP | | , | | - | |
| DOCUMENT # NAME | | | | STRE | ET ADDRESS | | | | | |
| STREET ADDRESS CITY-ST-ZIP <u>a</u> | | | | CITY | -ST-ZIP | | | | | |
| DOCUMENT # NAME | | | | STRE | ET ADDRESS | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | -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 empowered execute this report as required by Chapter 620, Florida Statutes SIGNATURE: **Robbert** **Bull West** **CP** **Diology** **Signature** **Proposition** **Proposition** | | | | | | | | | | |