2004 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2004**

| | LIMITED PARTNI Due By I | May 1, 2004 | | FILED SECRETARY OF STATE |
|--|---|--|--|---|
| 1. Entity Name | WILLS I AND RUTH L. W | | | SECRETARY OF STATE DIVIDIONS OF APR 12 AM IO: 38 |
| | 1 27 36. | The second secon | COO WE THE | |
| Principal Place | e of Business' EVIZ (17) | C/O WALTHAM, DRAKE (1621 EUCLID AVE., SUI' CLEVELAND, OH 4411 | & WALLACE TE 1300 | |
| 2. Principal Place of Business | | 3, Mailing Address Yo WALLACE | | |
| Suite, Apt. #, etc. | | Suite, Apt. # etc. 6300 ROCKS DE RD, STE 100 | | 04012004 Chg-LP CR2E003 (10/03) |
| City & State | | CIEVELAND, | | 4. FEI Number Applied For 65-0541142 Not Applicable |
| Zip | Country | ^{Zip} 44131 | Country U.S.A | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| | 6. Name and Address of Curre | nt Hegistered Agent | Name | 7. Name and Address of New Registered Agent |
| PRICE, MARK J ESQUIRE % ROETZEL & ANDRESS, LPA 850 PARK SHORE DRIVE, TRIANON CTR/ 3RD FL NAPLES, FL 33940 | | | | (P.O. Box Number is Not Acceptable) |
| | | | City | FL Zip Code |
| | named entity submits this statement ions of registered agent. | t for the purpose of changing its | registered office or registe | ered agent, or both, in the State of Florida. I am familiar with, and accep |
| SIGNATURE - | Signature, typed or printed name of registered ag | sot and title if applicable | | DATE |
| - 0 1110 | A.M N | | il Contributions | UNIC |
| 9. Capital Cor as Shown o | on record. \$1,205,110.00 | 10. Amount of Capita in FLORIDA to da | ate. \$1,205,11 | ······································ |
| | NOTE: General Partners N | MAY NOT be changed on th | ie form; an amendmei | TERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner. |
| DOCUMENT # | | | 13. | ADDRESS CHANGES ONLY |
| NAMÉ STREET ADDRESS | AIRCRAFT SALÉS, INC. 1112 HIGHLAND LAKES CIRC | OLE | STREET ADDRESS CITY-ST-ZIP | |
| CITY-ST-ZIP DOCUMENT ≠ | BIRMINGHAM, AL 35242 | | • | 000024022646 |
| NAME STREET ADDRESS | | | STREET ADDRESS CITY-ST-2IP | 04/30/04=-01027=-027 ⁻³ **535.00 |
| DOCUMENT # | | | STREET ADDRESS | |
| NAME STREET ADDRESS | | | CITY-ST-ZIP | |
| CITY-ST-ZIP DOCUMENT # NAME | | · • · · · · | STREET ADDRESS | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | |
| DOCUMENT # NAME | | | STREET ADDRESS | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | |
| DOCUMENT # NAME | | | STREET ADDRESS | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | |
| 14. I hereby of indicated the receiv | 1 Pan | with this filing does not qualify for and that my signature shall have this report as required by graph of the shall have the | the exemption stated in Sithe exemption stated in Sithe earne legal effect as it to the factor of th | ection 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Parton of the limited partnership of the limited partnership with the limited partnership of the limited partnership of the limited partnership of the limited partnership |