2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

HERE

DOCUMENT # A9400001882 FILED BRINKLEY FAMILY PARTNERSHIP, LTD. O4 JAM 21 AM 10: 45 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 3100 LAUDER PLACE 3100 LAUDER PLACE TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 01122004 Cha-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 59-3287757 Not Applicable Zip Country Żip Country \$8.75 Additional 5. Certificate of Status Desired ш 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAUDER, WILMA A 3100 LAUDER PLACE Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32312 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 \$1,188,450.45 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. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY P94000094296 DOCUMENT # STREET ADDRESS NAME BRINKLEY FAMILY CORPORATION, INC. STREET ADDRESS 3100 LAUDER PLACE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32312 DOCUMENT # STREET ADDRESS NAME 400027370014 /21/04-01087-037 **52 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF 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-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME ₹' STREET ADDRESS P1. 6 CITY-ST-ZIP CITY-ST-7IP 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 eath; that I am a General Partner of the limited partnership of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes B. Lande 1-15-04 SIGNATURE:

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNET