

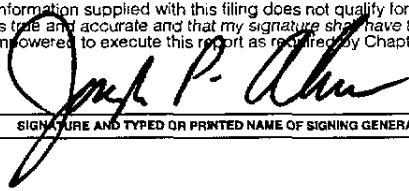


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

|  |   |   |  |  |                 |
|--|---|---|--|--|-----------------|
| <b>DOCUMENT # A95000000286</b><br>1. Entity Name<br>WILDERNESS VENTURES, LTD.  |   |   |  |   |                 |
| Principal Place of Business<br>5290 HIATUS ROAD<br>SUNRISE, FL 33351   |   |   | Mailing Address<br>5290 HIATUS ROAD<br>SUNRISE, FL 33351 |  |                 |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |  |  |                 |
| City & State   |   | City & State  |  | 02042004    Chg-LP    CR2E003 (10/03)  |                 |
| Zip  |   | Country   |  | 4. FEI Number<br><b>65-0561458</b>   |                 |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | Applied For<br>Not Applicable   |  |  |                 |
| 6. Name and Address of Current Registered Agent<br><br><b>VITALE, STEVEN G</b><br><b>32C S.E. OSCEOLA ST.</b><br><b>STUART, FL 34994</b>   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |  |                 |
| 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.  |   | \$8.75 Additional Fee Required  |  |  |                 |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |   |   |  |  |                 |
| 9. Capital Contributions as Shown on record. <b>\$5,000,000.00</b>   |   | 10. Amount of Capital Contributions in FLORIDA to date.   |  |  |                 |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>  |   |   |  |  |                 |
| <b>12. GENERAL PARTNER INFORMATION</b>   |   |   | <b>13. ADDRESS CHANGES ONLY</b>                          |  |                 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>P94000069254</b><br><b>WILDERNESS GOLF &amp; COUNTRY CLUB, INC.</b><br><b>5290 HIATUS ROAD</b><br><b>SUNRISE, FL 33351</b> |   | STREET ADDRESS<br><br>CITY - ST - ZIP                    | STREET ADDRESS<br><br>CITY - ST - ZIP  |                 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |   | STREET ADDRESS<br><br>CITY - ST - ZIP                    | STREET ADDRESS<br><br>CITY - ST - ZIP  |                 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |   | STREET ADDRESS<br><br>CITY - ST - ZIP                    | STREET ADDRESS<br><br>CITY - ST - ZIP  |                 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |   | STREET ADDRESS<br><br>CITY - ST - ZIP                    | STREET ADDRESS<br><br>CITY - ST - ZIP  |                 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |   | STREET ADDRESS<br><br>CITY - ST - ZIP                    | STREET ADDRESS<br><br>CITY - ST - ZIP  |                 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |   | STREET ADDRESS<br><br>CITY - ST - ZIP                    | STREET ADDRESS<br><br>CITY - 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 to execute this report as required by Chapter 620, Florida Statutes. |   |   |  |  |                 |
| <b>SIGNATURE:</b>   |   |   |  |  |                 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   |   |   | Date   |  | Daytime Phone # |

STAPLE CHECK HERE