


2004 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # A95000000292					
1. Entity Name RANCH LIMITED PARTNERSHIP					
Principal Place of Business % CHAPIN, ARMSTRONG & BALLERANO 1201 GOERGE BUSH BOULEVARD DELRAY BEACH, FL 33483			Mailing Address % CHAPIN, ARMSTRONG & BALLERANO 1201 GOERGE BUSH BOULEVARD DELRAY BEACH, FL 33483		
2. Principal Place of Business % David G. Armstrong Suite, Apt. #, etc. 4600 N. Ocean Blvd., #206		3. Mailing Address % David G. Armstrong Suite, Apt. #, etc. 4600 N. Ocean Blvd., #206			
City & State Boynton Beach, FL		City & State Boynton Beach, FL		4. FEI Number 59-3375211	
Zip 33435		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent A.C.S. HAGEN, INC. % CHAPIN, ARMSTRONG & BALLERANO 1201 GEORGE BUSH BOULEVARD DELRAY BEACH, FL 33483			7. Name and Address of New Registered Agent Name A.C.S. Hagen, Inc. Street Address (P.O. Box Number is Not Acceptable) % David G. Armstrong 4600 N. Ocean Blvd., #206 City Boynton Beach, FL Zip Code 33435		
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 <u>David G. Armstrong</u> DATE <u>04/28/04</u> <small>Signature typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$721,000.00			10. Amount of Capital Contributions 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		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P95000006910 A.C.S. HAGEN, INC. 1201 GEORGE BUSH BOULEVARD DELRAY BEACH, FL 33483		STREET ADDRESS	4600 N. Ocean Blvd, #206	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	Boynton Beach, FL 33435	
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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					
SIGNATURE: <u>Spina L. Young Pres., A.C.S. Hagen, Inc.</u> DATE <u>4/5/04</u> DAYTIME PHONE # <u>561-278-1008</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

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