2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

Jul 19, 2004 08:00 AM Secretary of State DOCUMENT # A95000000427 NTERNATIONAL PLACE ASSOCIATES III, LTD. Principal Place of Business Mailing Address 10165 N.W. 19TH STREET 10165 N.W. 19TH STREET MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Act. #, etc. Suite, Apt, #, etc. 07012004 CR2E003 (10/03) Cha-LP Cdv & State City & State 4. FEI Number Applied For 65-0583355 Not Applicable Zìp Country Country \$8.75 Additional 5. Certificate of Status Desired XX Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EASTON, EDWARD W Street Address (P.O. Box Number is Not Acceptable) 10165 N.W. 19TH STREET MIAMI, FL 33172 City Zip Code FL 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 Capital Contributions 16. Amount of Capital Contributions \$8,500,000.00 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY A94000000712 DOCUMENT # STREET ADDRESS NAME INTERNATIONAL PLACE DEVELOPMENT II, LTD. 1000001E7E21 STREET ADDRESS 10165 N.W. 19TH STREET 07/20/04-80008-003 935.00 CITY-ST-JOP CITY-ST-ZIP MIAMI, FL 33172 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP City-ST-Z@ DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP City - ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP

4. 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 520, Florida Statutes

City-St-ZiP

STREET ADORESS

SIGNATURE:

DOCUMENT #

STREET ADDRESS

Edward W. Easton

on fourth

07/07/2004

(305) 593-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING CENERAL PARTNER

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FILED

Dayvine Phone #