2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) **DUE BY MAY 1, 2004**

SIGNATURE:

FILED Mar 26, 2004 08:00 AM Secretary of State DOCUMENT # A95000001202 1. Entity Name GAEDEKE LANDERS, LTD. Principal Place of Business Mailing Address 3710 RAWLINS STREET 3710 RAWLINS STREET SUITE 1000 **SUITE 1000** DALLAS TX 75219 DALLAS TX 75219 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E003 (11/03) City & State 4. FEI Number City & State Applied For 65-0602466 Not Applicable \$8.75 Additional Zip Country Zio Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code Oilv 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 Flonda. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of regionered agent and tide if applicable 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$2,000,00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. F95000003865 DGCUMENT # STREET ADDRESS NAME GAEDEKE LANDERS MANAGEMENT, INC. STREET ADDRESS 3710 RAWLINS, SUITE 1000 CITY-ST-7P CRTY- ST- ZRP DALLAS TX 75219 DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP SOCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - 7/P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP CHICK HIGH DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CRTY - ST - ZRP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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

D.W. Landers - Pres/CEO

HINTED NAME OF SIGNING GENERAL PARTNER

214.528.8883