

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

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

<b>DOCUMENT # A95000001695</b>					
<b>1. Entity Name</b> ADVANCO LIMITED PARTNERSHIP					
<b>Principal Place of Business</b> 970 WEST MCNAB ROAD, SUITE 200 FORT LAUDERDALE, FL 33309			<b>Mailing Address</b> 970 WEST MCNAB ROAD, SUITE 200 FORT LAUDERDALE, FL 33309		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04202004    Chg-LP    CR2E003 (10/03)	
<b>4. FEI Number</b> 65-0620380				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BOYLE, CONRAD J ESQ. 500 EAST BROWARD BLVD., SUITE 1950 FT. LAUDERDALE, FL 33394			Name Street Address (P O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> <b>DATE</b> _____					
<b>9. Capital Contributions as Shown on record</b> \$7,500.00			<b>10. Amount of Capital Contributions in FLORIDA to date.</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <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>		
<b>DOCUMENT #</b> P96000103696	<b>NAME</b> ADLP, INC.		<b>STREET ADDRESS</b>		
<b>STREET ADDRESS</b> 970 WEST MCNAB ROAD, SUITE 200	<b>CITY - ST - ZIP</b> FORT LAUDERDALE, FL 33309		<b>CITY - ST - ZIP</b>		
<b>DOCUMENT #</b> 	<b>NAME</b> 		<b>STREET ADDRESS</b>	U000000158402 05/07/04-80020-010 141.25	
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 		<b>CITY - ST - ZIP</b>		
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<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 		<b>CITY - ST - ZIP</b>		
<b>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>					
<b>SIGNATURE:</b> <i>Michael Runyan</i>			<b>Michael Runyan, Gen Ptr.</b> 4/28/04    (954) 974-9181		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date    Daytime Phone #</small>		

STAPLE CHECK HERE