2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

Principia-Place of Rusinissa. 1985 SOUTH MULTIANY TRAIL WEST PAIM BEACH, FL 33415 2. Principal Place of Business Sutti. Apr. 8, etc. City & State City & FL Zip Coulte The above herered edety submits this element for the purpose of changing its registered depart, or both, in the State of Redde. Turn berelies with, and access a Chemical State of Control City & State of Redde Turn berelies with, and access a Chemical State of Control City & State of Redde Turn berelies with, and access a Chemical State of Redde Turn berelies with, and access a Chemical State of Redde Turn berelies with, and access a Chemical State of Redde Turn berelies with, and access a Chemical State of Redde Turn berelies with, and access a Chemical State of Redde Turn berelies with, and access a Chemical State of Redde Turn berelies with, and access a Chemical State of Redde Turn berelies with, and access a Chemical State of Redde Turn berelies with, and access a Chemical State of Redde Turn berelies with, and access a Chemical State of Redde Turn berelies with,	DOCUMENT # A9500001978 1. Entity Name PBG HOMES, LIMITED								·		
2. Principal Place of Business Sutto, Apt. #, etc. Out162004 Chg-LP CR25003 (10/03) City & State City & State City & State City & State A FEI Namour Applied For Non-Registered Agent RAUDCH HARRY 1985 SOUTH MILITARY TRAIL WEST PALM BEACH, FL 33415 Street Address of Dax Namber is Not Acceptability City FL ZD Code City City FL ZD Code City Street Address of Dax Namber is Not Acceptability City FL ZD Code City Street Address of Dax Namber is Not Acceptability City FL ZD Code 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 familier with, and acceptability Street Address (P.O. Dax Namber is Not Acceptability) FL ZD Code 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 familier with, and acceptable in the objectable of registered agent, or both, in the State of Florida. I am familier with, and acceptability Street Address (P.O. Dax Namber is Not Acceptability) FL ZD Code City FL ZD Code A GENERAL PARTINER THAT IS A DISSINESS ENTITY MUST OF DEGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY VIO The changed on the form, an amendment must be filled to change a general partner. GENERAL PARTINER INFORMATION 19. CITY ST-OP SIRET ADDRESS CITY-ST-OP SIRET ADDRESS	Principal Place of Business Mailing Address					U4 AF	KJU FII	12. 20			
Suite. Apt. 8, etc. Oty & State City & Sta	1985 SOUTH MILITARY TRAIL		1985 SOUTH MILITARY TRAIL		SECKI TALLA	EJARY OF HASSEE, I	STATE	:) A	فا الاراماد إلا الكار		
City & State Ci	2. Principal P	Place of Business	3. Mailing Address								
Size Statistical Statute Statistical Statute Statistical S	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04162004	Chg-LP	CR2EC	003 (10/0	03)	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAUCH, HARRY 1985 SOUTH MILITARY TRAIL WEST PALM BEACH, FL 33415 City FL Zip Code 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 families with, and accept the obligations of registered agent, or both, in the State of Florida. I am families with, and accept the obligations of registered agent, or both, in the State of Florida. I am families with, and accept the obligations of registered agent, or both, in the State of Florida. I am families with, and accept the obligations of registered agent, or both, in the State of Florida. I am families with, and accept the obligations of registered agent, or both, in the State of Florida. I am families with, and accept the obligations of registered agent, or both, in the State of Florida. I am families with, and accept the obligations of registered agent, or both, in the State of Florida. I am families with, and accept the obligations of registered agent, or both, in the State of Florida. I am families with, and accept as Shown or necords as The Necords as Th	City & Stat	te ,	City & State							Applied For Not Applicable	
RAUCH, HARRY 1985 SOUTH MILITARY TRAIL WEST PALM BEACH, FL 33415 City FL Zip Code 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 um farmiliar with, and accept me obligations of registered agent. SIGNATURE 9. Capital Contributions so Shown on record System. Inject or purposare of unjustered agent. A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partiners MAY NOT be changed on the form; an amendment must be filled change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY SIRET AGRESS CITY-ST-2P DOCUMENT MAKE SIRET AGRESS CITY-ST-2P	Zip	Country	Zip Country		try	5 Certificate of Status Desired \$8.75 Additional					
RAUCH, HARRY 1985 SOUTH MILITARY TRAIL WEST PALM BEACH, FL 33415 City FL Zip Code 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 access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the florida. I am famil	6. Name and Address of Current Registered Agent				Massa	7. Name and A	ddress of New I	Registered /	Agent		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL Zip Code 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. In the Company of Proposed State of Florida Statutes. I further centry that the information in turber or further empowers of truther empowers	RAUCH, H	RALICH HARRY				Name					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and society the obligations of registered agent. SIGNATURE 9. Capital Contributions 9,500.00 10. Amount of Capital Contributions 10. A FLORIDA to date. A GENERAL PARTINER 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 filled to change a general partner. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 14. OCCUMENT / MAKE 18 STREET ADDRESS 18 CITY-ST-2P 18 CITY-ST-2P 19 DOCUMENT / MAKE 18 STREET ADDRESS 18 CITY-ST-2P 18 CITY-ST-2P 19 COCUMENT / MAKE 18 STREET ADDRESS 18 CITY-ST-2P 18 STREET ADDRESS 18 CITY-ST-2P 18 STREET ADDRESS 18 CITY-ST-2P 19 COCUMENT / MAKE 18 STREET ADDRESS 18 CITY-ST-2P 19 COCUMENT / MAKE 18 STREET ADDRESS 18 CITY-ST-2P 19 COCUMENT / MAKE 18 STREET ADDRESS 18 CITY-ST-2P 19 COCUMENT / MAKE 18 STREET ADDRESS 18 CITY-ST-2P 18 STREET ADDRESS 18 CITY-ST-2P 19 COCUMENT / MAKE 18 STREET ADDRESS 18 CITY-ST-2P 18 STREET ADDRESS 18 CITY-ST-2P 18 STREET ADDRESS 18 CITY-ST-2P 19 COCUMENT / MAKE 18 STREET ADDRESS 18 CITY-ST-2P 19 COCUMENT / MAKE 18 STREET ADDRESS 18 CITY-ST-2P 19 COCUMENT / MAKE 18 STREET ADDRESS 18 CITY-ST-2P 19 COCUMENT / MAKE 18 STREET ADDRESS 18 CITY-ST-2P 19 COCUMENT / MAKE ADDRESS 18 CITY-ST-2P 19 CITY-ST-2P 19 CI	1985 SOU	TH MILITARY TRAIL			Street Address (P.O. Box Number	is Not Acceptabl	e)	•		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and society the obligations of registered agent. SIGNATURE 9. Capital Contributions 9,500.00 10. Amount of Capital Contributions 10. A FLORIDA to date. A GENERAL PARTINER 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 filled to change a general partner. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 14. OCCUMENT / MAKE 18 STREET ADDRESS 18 CITY-ST-2P 18 CITY-ST-2P 19 DOCUMENT / MAKE 18 STREET ADDRESS 18 CITY-ST-2P 18 CITY-ST-2P 19 COCUMENT / MAKE 18 STREET ADDRESS 18 CITY-ST-2P 18 STREET ADDRESS 18 CITY-ST-2P 18 STREET ADDRESS 18 CITY-ST-2P 19 COCUMENT / MAKE 18 STREET ADDRESS 18 CITY-ST-2P 19 COCUMENT / MAKE 18 STREET ADDRESS 18 CITY-ST-2P 19 COCUMENT / MAKE 18 STREET ADDRESS 18 CITY-ST-2P 19 COCUMENT / MAKE 18 STREET ADDRESS 18 CITY-ST-2P 18 STREET ADDRESS 18 CITY-ST-2P 19 COCUMENT / MAKE 18 STREET ADDRESS 18 CITY-ST-2P 18 STREET ADDRESS 18 CITY-ST-2P 18 STREET ADDRESS 18 CITY-ST-2P 19 COCUMENT / MAKE 18 STREET ADDRESS 18 CITY-ST-2P 19 COCUMENT / MAKE 18 STREET ADDRESS 18 CITY-ST-2P 19 COCUMENT / MAKE 18 STREET ADDRESS 18 CITY-ST-2P 19 COCUMENT / MAKE 18 STREET ADDRESS 18 CITY-ST-2P 19 COCUMENT / MAKE ADDRESS 18 CITY-ST-2P 19 CITY-ST-2P 19 CI	120	t. : :			City			-EI	Zip (Code	
SIGNATURE 9. Capital Contributions as Shown on record. \$9,500.00 10. Amount of Capital Contributions in FLORIDA to date. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT J P95000079328 FARRWAY ISLES, INC. 1986 SOUTH MILITARY TRAIL WEST PALM BEACH, FL 33415 OITY-ST-2P DOCUMENT J NAME SIRET ADDRESS CITY-ST-2P DOC		named entity submits this statement	for the purpose of changing its	s registere	ed office or register	red agent, or both	, in the State of FI		•	vith, and accept	
Source trapped or primed remore trappeded agent and state according to the contributions as Shown on record. 9. Capital Contributions in FLORIDA to date. A GENERAL PARTINER 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / INVESTIGATION SITEMATION SITEM	_	tions of registered agent.				•					
as Shown on record. \$9,500.00 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 / INVA. SIGNET ADDRESS COUNTY ISLES, INC. 1995 SOUTH MILITARY TRAIL OITY-ST-ZIP DOCUMENT / INVA. WEST PALM BEACH, FL 33415 DITY-ST-ZIP DOCUMENT / INVA. SIREET ADDRESS DITY-ST-ZIP DOCUMENT / INVA. SI	SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	•	•		1	DATE			
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 SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS CITY-ST-2P DOCUMENT / NAME SIRET ADDRESS CITY-ST-2P DOCUMENT / ST-2P DOCUMENT / NAME SIRET ADDRESS CITY-ST-2P DOCUMENT /					outions						
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / MAKE SITEET ADDRESS CITY-ST-ZPP CITY-ST-ZPP DOCUMENT / MAKE SITEET ADDRESS CITY-ST-ZPP CITY-ST-ZPP DOCUMENT / MAKE SITEET ADDRESS CITY-ST-ZPP CITY-ST-ZPP DOCUMENT / MAKE SITEET ADDRESS CITY-ST-ZPP CITY-ST-ZPP CITY-ST-ZPP DOCUMENT / MAKE SITEET ADDRESS CITY-ST-ZPP CITY-ST-ZPP CITY-ST-ZPP CITY-ST-ZPP DOCUMENT / MAKE SITEET ADDRESS CITY-ST-ZPP THE PARTNER INFORMATION STREET ADDRESS CITY-ST-ZPP CITY-ST-ZPP DOCUMENT / MAKE SITEET ADDRESS CITY-ST-ZPP THE PARTNER INFORMATION STREET ADDRESS CITY-ST-ZPP CITY-ST-ZPP THE PARTNER INFORMATION STREET ADDRESS CITY-ST-ZPP CITY-ST-ZPP THE PARTNER INFORMATION STREET ADDRESS CITY-ST-ZPP CITY-S											
FAIRWAY ISLES, INC. 1986 SOUTH MILITARY TRAIL 1017-51-2P 1000UMENT / MAME STREET ADDRESS 1017-51-2P 1000UMENT / MAME 1017-51-2P 1017	12.	···			,						
SIRET ADDRESS CITY-ST-ZP WEST PALM BEACH, FL 33415 CITY-ST-ZP COCUMENT / MAME SIRET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP COCUMENT / NAME SIRET ADDRESS CITY-ST-ZP CITY-ST-ZP COCUMENT / NAME SIRET ADDRESS CITY-ST-ZP CI					ET ADORESS						
COTY-ST-ZP DOCUMENT # MAME STREET ADDRESS CITY-ST-ZP DOCUMENT # STREET ADDRESS CITY-ST-ZP DOCUMENT # STREET ADDRESS CITY-ST-ZP COTY-ST-ZP COTY-ST-ZP COTY-ST-ZP COTY-ST-ZP COUNTENT # STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP Tal. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report is true and accurage 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 the receiver or trustee empowered to be still this report as required by Chapter 520. Florida Statutes SIGNATURE: **COUNTENT PROOF STATUTE**	1	RESS 1985 SOUTH MILITARY TRAIL		CITY.	- \$T7IP	•					
STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP COCUMENT / NAME STREET ADDRESS CITY-ST-ZIP COCUMENT / N		WEST PALM BEACH, FL 33415									
CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP COCUMENT / NAME STREET ADDRESS CITY-ST-ZIP COCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP THE ADDRESS CITY-ST	1					007 1 17	0101	J 001	4-4-I		
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CTY-ST-ZIP TABLESS CTY-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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE:				\blacksquare	<u> </u>						
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP Thereby 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 the receiver or trustee empowered to execute this report as required by Chapter 620. Florida Statutes SIGNATURE:											
NAME SIREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME SIREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME SIREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME SIREET ADDRESS CITY-ST-ZIP Thereby 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE:	<u> </u>	2		+							
CITY-ST-ZIP DOCUMENT / MAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / MAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / MAME STREET ADDRESS CITY-ST-ZIP 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 the receiver or trustee empowered to execute this report as required by Chapter 620. Florida Statutes SIGNATURE:	STREET ADDRESS	i i			-						
STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME **3EFT ADDRESS 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE:	DOCUMENT #		****				· · · · · · · · · · · · · · · · · · ·				
DOCUMENT # NAME "AFET ADDRESS 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE:	STREET ADDRESS			CITY-	-ST-ZIP						
The state of the same legal effect as if made under oath; that I am a General Partner of the limited partnership the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes CITY-51-ZIP CITY-51-ZIP CITY-51-ZIP CITY-51-ZIP CITY-51-ZIP CITY-51-ZIP CITY-51-ZIP CITY-51-ZIP CITY-51-ZIP A CALL 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE:	D0CUMENT #			STRE	ET ADDRESS					- W	
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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE:	BEST ADDRESS			CITY	-ST-ZIP					Tu-	
SIGNATURE: HARRY PAYH 4/16/04	14 I barabu	certify that the information supplied videnthis report is true and accurate a	vith this filing does not qualify found that my signature shall have	or the exer e the same	hption stated in Se e legal effect as if n	ection 119.07(3)(i) nade under oath;	, Florida Statutes that I am a Ge p ei	I further cer al Partner of	rtify that t	he information ed partnership o	
		rure:	~ 1	HA	Florida Statutes	PAUL	- 4/16	104			