2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

PIVISION AT CORPORATIONS **DOCUMENT # A95000002024** 04 MAR 29 AM 8: 35 PRICE INVESTMENTS LIMITED PARTNERSHIP Mailing Address Principal Place of Business 8430 ABBINGTON CIRCLE, UNIT C22 8430 ABBINGTON CIRCLE, UNIT C22 NAPLES, FL 33963 NAPLES, FL -33063-34108 34108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (10/03) 03162004 Chg-LP City & State 4. FEI Number Applied For City & State 36-4015094 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRICE, HOMER Street Address (P.O. Box Number is Not Acceptable) 8430 ABBINGTON CIRCLE, UNIT C22 NAPLES, FL -33969-34108 City 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 SIGNATURE 10. Amount of Capital Contributions 9. Capital Contributions \$363,600.00 in FLORIDA to date. as Shown on record. 244 554 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 ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS PRICE, HOMER L TRUSTEE NAME 500032718195 04/14/04--01015--019 **526.25 8430 ABBINGTON CIRCLE, UNIT C22 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NAPLES, FL 33963 DOCUMENT # STREET ADORESS NAME PRICE, SHIR LEE TRUSTEE STREET ADDRESS 8430 ABBINGTON CIRCLE, UNIT C22 CITY-ST-7P CITY-ST-ZIP NAPLES, FL 33963 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-7IP STAPLE DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CIJS:ST-ZIP 1.3 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SECRETARY OF STATE