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

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Apr 15, 2004 08:00 AM Secretary of State DOCUMENT # A9600000044 1. Entity Name TORRES PARTNERSHIP, LTD. Principal Place of Business Mailing Address 741 ELDORADO PARKWAY PLANTATION FL 33317 741 ELDORADO PARKWAY PLANTATION FL 33317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc Suite, Apt #, etc CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 65-0671936 Not Applicable Ζŧρ Country Ζιρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TORRES, LEONARD C 741 EL DORADO PARKWAY Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33317 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 Signature, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$948,000.00 in FLORIDA to date. as Shown on record. SEE REVERSE SIDE FOR FEE INFORMATION 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. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME TORRES, LEONARD C STREET ADDRESS 741 EL DORADO PARKWAY CITY -ST-ZIP CITY - ST - ZIP PLANTATION FL 33317 DOCUMENT # U00000120283 STREET ADDRESS NAME TORRES, ROSARY M 04/20204-80010-002 526.25 STREET ADDRESS 741 EL DORADO PARKWAY CITY-ST-ZIP CRTY - ST - ZRP PLANTATION FL 33317 DOCKMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-712 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 employered to execute this report as required by Chapter 620. Florida Statutes

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