

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 MAR -4 AM 11:57

<b>DOCUMENT # A96000000526</b> 1. Entity Name FLORDECO, LTD.					
Principal Place of Business 3591 FOWLER STREET FT. MYERS, FL 39901			Mailing Address P.O. BOX 6966 FORT MYERS, FL 33911		
2. Principal Place of Business <b>8359 BEACON BLVD</b>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>FORT MYERS</b>		City & State			
Zip <b>33907</b>	Country <b>LEE</b>	Zip	Country	4. FEI Number <b>65-0671467</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>CRONIN, THOMAS R SR.</b> <b>3591 FOWLER STREET</b> <b>FT. MYERS, FL 39901</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>8359 BEACON BLVD</b>  City <b>FORT MYERS</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.				FL Zip Code <b>33907</b>	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$1,820,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<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>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P95000081349 INVESTORS TRUST, INC. 3591 FOWLER STREET FT. MYERS, FL 39901		STREET ADDRESS CITY-ST-ZIP	8359 BEACON BLVD FORT MYERS, FL 33907	
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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					
SIGNATURE: <i>ALLAN E. FOX</i>			ALLAN E. FOX 2/27/04 235-936-8888		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

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