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

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SIGNATURE:

May 04, 2004 08:00 AM Secretary of State DOCUMENT # A96000000854 1. Entity Name 396 LIMITED PARTNERSHIP Principal Place of Business Mailing Address 400 ROYAL PALM WAY, SUITE 214 PALM BEACH FL 33480 400 ROYAL PALM WAY, SUITE 214 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite Apt #, etc MOORE CR2E003 (11/03) City & State Applied For 4. FEI Number City & State 65-0677737 Not Applicable Country ZtΩ \$8.75 Additional Ζıp Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALEXANDER, LARRY B ESQ. Street Address (P.O. Box Number is Not Acceptable) 505 S. FLAGLER DRIVE **SUITE 1100** WEST PALM BEACH FL 33401 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 hite if approaching 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,665,000.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. P96000038830 DOCUMENT # STREET AODRESS 396 CORPORATION NAME STREET ADDRESS 400 ROYAL PALM WAY, SUITE 214 City-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 DOCUMENT # STREET ADORESS NAME STREET ADDRESS U00000159468 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-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with his 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 cath, 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.

FILED

659-4973

Daytime Phone #