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

## FILED Apr 19, 2004 08:00 AM Secretary of State

DOCUMENT # A9600001222  1. Entity Name BERKSHIRE PARTNERS (1996), LTD.						V	
Poncipal Place of Business 2019 CENTRE POINTE, BLVD., STE. 101 TALLAHASSEE, FL 32308	Mailing Address 2019 CENTRE POINTE, BLVD., STE. 101 TALLAHASSEE, FL 32308						
2. Principal Place of Business	3. Mailing Address						
Suite, Apt #, etc	Suite, Apt. #, etc.		04072004	Chg-LP	CR2E00	3 (10/03)	
City & State	City & State	City & State		4. FEI Number			Applied For
Zip Country	Zip	Coun	itry	59-3388 5. Certificate o	l Status Desired		Not Applicable 8.75 Additional ee Required
Name and Address of Current Registered Agent		<u> </u>	7. Name and Address of New Registered Agent				
			Name				
MOTTICE, H. JAY 2019 CENTRE POINTE, BLVD., STE, 101 TALLAHASSEE, FL 32308			Street Address (P.O. Box Number is Not Acceptable)				
			City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Code
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its	registere	d office or register	ed agent, or both	, in the State of Flo		miliar with, and accept
SIGNATURE Signature, typed or printed name of registered agent a	nd bite of acontic state	<u></u>				DATE	
9. Capital Contributions as Shown on record \$360,000.00 in FLORIDA to date.			outions (	)	-	-	
A GENERAL PARTNER TO NOTE: General Partners MA	HAT IS A BUSINESS EN	ITITY M	UST BE REGIST	TERED AND AC	CTIVE WITH TH	S OFFICE.	ner .
12. GENERAL PARTNER INFORMATION		13.	,		ADDRESS CHA		
P96000054982  NAME BERKSHIRE (1996), INC.	BERKSHIŘE (1996), INC. 2019 CENTRE PÖINTÉ, BLVD., ŠTE, 101		EL ADDRESS				
SIRETADDRESS 2019 CENTRE POINTE, BLVD., S DOLY STUDE TALLAHASSEE, FL 32308			SI-ZIP	110000131414 Rare			
BOCUMENT # NAME		SIRE	ET AUDRESS				
STREET ADDRESS GITY-ST-ZIP	_		SI- AP	000000131414 04/27/04-80005-008 141.25			
DOCUMENT # NAME		<i>ડોમ</i> ા	H ADD/RESS				
STREET AUDRESS CITY ST-ZP		CHTY	3) 204				
DECUMENT # NAME	***************************************	STRE	: I ADDRESS				
STREET AUDRESS CITY'-ST-28P		CHY	S1-ZIP			· · · · · · · · · · · · · · · · · · ·	
POCHMENT # NAME (	<del></del>	STRE	CCEHKKIA 13			·	
STREE ANDRESS  CHY I ZIP		ÇRY-	ST 21F				*
DOCUMENT +		SIREI	: ADDIFESS				
STREET ADDRESS CITY-SI-ZIP		CITY-	ST-ZIP				
14. Thereby certify that the information supplied with indicated on this report is true and accurate and the receiver or trustee empowered to execute this	hat my signature shall have t	the same	legal effect as if m	ction 119.07(3)(i), ade under oath, ti	Florida Statutes, I hat I am a General	further certily Partner of the	that the information e limited partnership or

SIGNATURE:

V.P., Bertshire 1996), Inc.

ulolau

850.386.2117

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