2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

STAPLE CHECK HERE

SIGNATURI

Jason

chlesinger, Director

04 MAY -4 PH 5: 09 **DOCUMENT # A96000001233** SECRETARY OF STATE TALLAHASSEE, FLORIDA CSC-NOB HILL, LTD. Principal Place of Business-Mailing Address 250 AUSTRALIAN AVENUE SOUTH, 10TH FLOOR 250 AUSTRALIAN AVENUE SOUTH, 10TH FLOOR **SUITE 1003 SUITE 1003** WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 65-0796206 Not Applicable Zip Zíp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CEEBRAID WINTER PARK CORPORATION Street Address (P.O. Box Number is Not Acceptable) 250 AUSTRALIAN AVENUE SOUTH, 10TH FLOOR **SUITE 1003** WEST PALM BEACH, FL 33401 City Zip Code FL 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 OATE 9. Capital Contributions 10. Amount of Capital Contributions #21000 \$21,000.00 as Shown on record. in FLORIDA to date. 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. P96000055183 DOCUMENT # STREET ADDRESS NAME CEEBRAID WINTER PARK CORPORATION 250 AUSTŘALIAN AVENUE SOUTH, 10 FL. ST. 1003 STREET ADDRESS CITY-ST-ZIP <u>200036523752</u> 05/17/04--01077--019 **23 CITY-ST-ZIP WEST PALM BEACH, FL 33401 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 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 - ZIP CITY-ST-ZIP filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 same legal effect as if made under oath; that I am a General Partner of the limited partnership or the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the limited partner 14. I hereby certify that the information supplied indicated on this report is true and accurate receiver or trustee empowered to expense. Celbraio SIGNATURE:

APPROVED

Dale

Daylime Phone #