2004 LIMITED PARTNERSHIP ANNUAL RESIDENT Due By May 1, 2004

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STAPLE

04 JAN 30 PM 2: 29 **DOCUMENT # A96000001275** 1. Entity Name SECHETANY DE STATE TALLAHASSEE FLORIDA **GUARANTY BUILDING LIMITED PARTNERSHIP** Principal Place of Business Mailing Address 319 CLEMATIS STREET, SUITE 200 319 CLEMATIS STREET, SUITE 200 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152004 CR2E003 (10/03) Chg-LP City & State City & State 4. FEI Number Applied For 65-0688556 Not Applicable Zip Country 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 BERIRO, ALBERT Street Address (P.O. Box Number is Not Acceptable) 319 CLEMATIS STREET, SUITE 200 WEST PALM BEACH, FL 33401 Zip Code City 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 titls if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$300,000.00 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 13. ADDRESS CHANGES ONLY DOCUMENT # L73768 STREET ADDRESS MAME ALCAD REAL ESTATE CORP. STREET ADDRESS 319 CLEMATIS STREET, SUITE 200 CITY-ST-7IP 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 NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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: OR PRINTED NAME OF SIGNING GENERAL PARTNER

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