

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 FEB 18 PM 3:44

|                                                                                 |                                                                                   |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # A96000001562<br>1. Entity Name<br>MCCANN INVESTMENT PROPERTIES, LTD. |  |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                            |                                                                                |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Principal Place of Business<br>3225 S. MACDILL AVENUE<br>SUITE 111<br>TAMPA, FL 33629-8171 | Mailing Address<br>3225 S. MACDILL AVENUE<br>SUITE 111<br>TAMPA, FL 33629-8171 |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|

|                                                       |                                            |
|-------------------------------------------------------|--------------------------------------------|
| 2. Principal Place of Business<br>1700 S. MacDill Ave | 3. Mailing Address<br>1700 S. MacDill Ave. |
| Suite, Apt. #, etc.<br>360                            | Suite, Apt. #, etc.<br>360                 |

|                                |                                |
|--------------------------------|--------------------------------|
| City & State<br>Tampa, Florida | City & State<br>Tampa, Florida |
|--------------------------------|--------------------------------|

|              |         |              |         |
|--------------|---------|--------------|---------|
| Zip<br>33629 | Country | Zip<br>33629 | Country |
|--------------|---------|--------------|---------|

01262004 Chg-LP CR2E003 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3395046 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

|                                                                                                                            |                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br>BRYN, MARK J<br>TWO SOUTH BISCAYNE BLVD., SUITE 2680<br>MIAMI, FL 33131 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|                                                             |                                                         |
|-------------------------------------------------------------|---------------------------------------------------------|
| 9. Capital Contributions as Shown on record. \$7,500,000.00 | 10. Amount of Capital Contributions 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 #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P96000068298<br>JOY MCCANN GENERAL PARTNER, INC.<br>3225 S. MACDILL AVENUE, PMB #253, STE. 129<br>TAMPA, FL 336298171 | STREET ADDRESS<br>CITY - ST - ZIP | 1700 S. MacDill Ave, Ste 360<br>Tampa, Florida 33629-5218 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                                       | STREET ADDRESS<br>CITY - ST - ZIP |                                                           |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                                       | STREET ADDRESS<br>CITY - ST - ZIP |                                                           |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                                       | STREET ADDRESS<br>CITY - ST - ZIP |                                                           |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                                       | STREET ADDRESS<br>CITY - ST - ZIP |                                                           |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                                       | STREET ADDRESS<br>CITY - ST - ZIP |                                                           |

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 03/08/04-01045-002 \*\*526.25

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: Joy McCann Culverhouse Joy McCann Culverhouse 1-30-04 813-805-0093  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE