2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

STAPLE CHECK HERE

SIGNATURE:

FILED Mar 26, 2004 08:00 AM Secretary of State

Mailing Address 2139 PAM BEACH LAKES BLVD. 2139 PAM BEACH LAKES BLVD. WEST PALM BEACH, FL 33409 Address A FEB Number A FEB N	DOCUMENT # A9600002203 1. Entity Name PRIDE UNITED LIMITED PARTNERSHIP							Secretary of State				
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SCAROLA, JOHN 2139 PALM BEACH LAKES BLVD, WEST PALM BEACH, FL 33409 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE	Zip	Zip Country			Tip	Coun	try					
SCAROLA, JOHN Street Address (P.O. Box Number is Not Acceptable) City City FL Zip Code City FL Zip		6. Name	and Address of Current	Regist	ered Agent							
Sireor Address (P.O. Box Number is Not Acceptable) Sireor Address (P.O. Box Number is Not Acceptable)	SCAROLA	IOHN					Name					
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. I am familiar with, and accept the chilgsstons of registered agent. Common registered agent is publicated by the childs of registered agent and that it applicable.	2139 PALM BEACH LAKES BLVD.						Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Borlde. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Supplies Agent of Microscopies Supplicable Supp							City	City Zip Code				
Superior Note of profession and of regiment and test suppression	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											
8. Capital Contributions as Shown or record. ***3 A GENERAL PARTINER 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 filled to change a general partner. ***12.** GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY ***DOCUMENT I NAME ***STREET ADDRESS CHANGES ONLY ***2139 PALM BEACH LAKES BLVD. WEST PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33409 ***DOCUMENT I NAME ***STREET ADDRESS CITY-ST-2P** ***DOCUMENT I NAME **	Signature broad or orbited page of registered agent and the it applicable.											
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	CNTY-ST-ZIP	certify that the	ne information supplied wi	th this fi	iling does not qualify fo			ection 119.07(3)(), Florida Statutes.	I further certify	that the information	

3-23-04