2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

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STAPLE CHECK

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Apr 01, 2004 08:00 AM Secretary of State DOCUMENT # A96000002319 1. Entity Name M&I COWAN INVESTMENTS, LLLP Principal Place of Business Mailing Address 3725 SOUTH OCEAN DRIVE, SUITE 718 HOLLYWOOD FL 33019 3725 SOUTH OCEAN DRIVE, SUITE 718 HOLLYWOOD FL 33019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE -CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 65-0724660 Not Applicable Zip Country Zip 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 SHORE, H. ALLAN Street Address (P.O. Box Number is Not Acceptable) ONE S.E. THIRD AVENUE, 28TH FLOOR MIAMI FL 33131 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 DATE 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$10,805,190.00 in FLORIDA to date. as Shown on record. SEE REVERSE SIDE FOR FEE INFORMATION 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 # P96000100236 STREET ADDRESS M&I COWAN INVESTMENTS, INC. NAME STREET ADDRESS 3725 SOUTH OCEAN DRIVE, SUITE 718 CITY-ST-ZIP U00000104602 CITY-ST-ZIP HOLLYWOOD FL 33019 04:06:104-80018-018-535.80 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-\$7-23P City-SY-78P EGCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NALAF STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **DOCUMENT #** STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DOCUMENT** STREET ADDRESS NAME STREET ADDRESS CRY-ST-ZIP CRY-ST-782 14. Thereby certify that the information supplied with this fining 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

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