2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

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CITY-ST-ZIP

Apr 21, 2004 08:00 AM Secretary of State **DOCUMENT # A97000000020** KEN AND KAY FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 2108 MORNINGSIDE ROAD P.O. BOX 460 AVON PARK, FL 33825 AVON PARK, FL 33826 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc 01052004 Chg-LP CR2E003 (10/03) City & State City & State 4. FE! Number Applied For Not Applicable 65-0714442 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERNDON, KAY DAVIS Street Address (P.O. Box Number is Not Acceptable) 2108 MORNINGSIDE ROAD AVON PARK, FL 33825 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. 1 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 \$1,751,329.00 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 611383 DOCUMENT # STREET ADDRESS D. M. D. GROVES, INC. NAME STREET ADDRESS 1139 LAKE REEDY BLVD., SOUTH CITY-ST-ZIP CITY-ST-ZIP FROSTPROOF, FL 338533384 DOCUMENT # U00000136267 STREET ADDRESS KENNETH, DAVIS A TRUSTEE NAME 04/29/64-30008-018 526.25 STREET ADORESS 116 MAXCY LANE CITY ST-ZIP CITY-ST-7IP FROSTPROOF, FL 33843 DOCUMENT # STREET ADDRESS DAVIS HERNDON, KATHERINE TRUSTEE NAME 2108 MORNINGSIDE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVON PARK, FL 33825 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

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14. I hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes 1 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	y Daiis	Herndon	KAY DAUL	HERUDON	4-17-64	(863)	1452-5155
		OR PRINTED NAME OF SIGN	ING GENERAL PARTNER		Date		Daytime Phone #