2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) **DUE BY SEPTEMBER 8, 2004**

STAPLE CHECK HERE

John A

SIGNATURE

FILED Sep 17, 2004 08:00 AM Secretary of State DOCUMENT # A97000000032 1. Entity Name JOHN A. GRANT, JR. LIMITED PARTNERSHIP Principal Place of Business 3333 N. FEDERAL HIGHWAY, NO. 3 BOCA RATON FL 33431 3333 N. FEDERAL HIGHWAY, NO. 3 BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E003 (4/04) City & State City & State Applied For 65-0719225 Not Applicable Zin Country Zìp 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 GRANT, JOHN A JR. 3333 N. FEDERAL HIGHWAY Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33431** Zip Cade 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, 11. FILE NOW!!! Due by September 8, 2004! in the State of Florida. I am familiar with, and accept the obligations of registered agent, See Block 11 instructions for fee info. If SIGNATURE Signature, typed or printed name of registered agent and title 3 applicable first notice was not received, check box DATE 9. Capital Contributions 10. Amount of Capital Contributions \$3,000,000.00 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT # P02000016429 STREET ADDRESS SURF & TURF ENTERPRISES, INC. II STREET ADDRESS 3333 NORTH FEDERAL HIGHWAY, SUITE 3 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33431 09/17/04-80004-002 535.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7/2 DOCUMENT # STREET ADDRESS 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 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 employered to execute this report as required by Chapter 620, Florida Statutes

NING GENERAL PARTNER

8/27/04 (561) 395-3333