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

## FILED Apr 20, 2004 08:00 AM Secretary of State

| AND FARMENT ORDER  DERFIELD BEACH, FL 33434  2. Purchase Pacco of Business  Suite April #, etc.  Suite April #, etc.  Cry & State  Cry & Cry & State  Cry & Cry & State  Cry &  | 1. Entity Nam    | MENT # A970000<br>and debi davis famil       |  | LTD.                  |                    |   | ceretary or sta   |
|---|------------------|--|--|-----------------------|--------------------|---|---|
| Suite Apt #, etc   Suite Apt #, etc   Qry A State   Cry A State   A FERNandor   A FERN  | 401 FAIRWAY      | y drive                                      | 401 FAIRWAY DR                         |                       |                    |   |   |
| City & State  | 2. Principal P   | Place of Business                            | 3. Mailing Address                     |                       |                    |   |   |
| Secondary   Personal Country   Signature   Secondary   Signature   Secondary    | Suite Apt #, etc |  | Suite Apt #, etc                       |                       | <del></del>        | 04142004 Chg-LP   | CR2E003 (10/03)   |
| S. Centrouse of Status Desired   S. S. 7.5 Additional   S. S. Centrouse of Status Desired   S. S. 7.5 Additional   S. S. 7.5 Additional   S. S. Centrouse of Status Desired   S. S. 7.5 Additional   S. S. Centrouse of Status Desired   S. S. 7.5 Additional   S. S. Centrouse of Status Desired   S.  | City & State     |  | City & State                           |                       | ·                  |   |   |
| DAVIS, BYRON 401 FAIRWAY DRIVE DEERFIELD BEACH, FL 33434  6. The derive nemack entire security security that the purpose of changing its registered agent or both, in the State of Florida. Fam familiar varia and accept menorizations of registered entire that purpose of changing its registered agent or both, in the State of Florida. Fam familiar varia and accept menorizations of registered entire to purpose of changing its registered agent or both, in the State of Florida. Fam familiar varia and accept menorizations of registered agent or both, in the State of Florida. Fam familiar varia and accept menorizations of registered agent or both, in the State of Florida. Fam familiar varia and accept menorizations of registered agent or both, in the State of Florida. Fam familiar varia and accept menorizations of registered agent or both, in the State of Florida. Fam familiar varia and accept menorizations of registered agent or both, in the State of Florida. Fam familiar varia and accept menorizations of registered agent or both, in the State of Florida. Fam familiar varia and accept menorizations.  36 STATE AGENTS  A GENERAL PARTINER THAT IS A BUSINESS SENTITY 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.  9 YOSE, INC.  990000101773  9 YOSE, INC.  1000000177  9 YOSE, INC.  101 FAM AGENTS  101 FAM AGENTS  101 FAM AGENTS  101 FAM AGENTS  102 FAM AGENTS  102 FAM AGENTS  103 FAM AGENTS  104 FAM AGENTS  104 FAM AGENTS  105 FAM AGENTS  107 FAM AGENTS  108 FAM AGENTS  109 FAM AGENTS  100 FAM AGENTS  100 FAM AGENT  | Zip              | Zip Country                                  |  | Zip Country           |                    |   | \$8.75 Additional   |
| ## Street Address (P.O. Box Number is Not Acceptable)    Cay  |                  | 6. Name and Address of Cur                   | rent Registered Agent                  |                       | Varne              | 7. Name and Address of New F  | Registered Agent  |
| City FL 7/2 Code  8. The prove remaid entity sudmiss this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Fam familiar with, and accept the changes of the consideration of registered agent.  9. Clearla Contributions  \$1,100,000.00  10. Amount of Capital Contributions  as Shown on record.  9. Clearla Contributions  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  POSCOUNTY  MAR.  BYDEB, INC.  31884 4008635  017 51 2F  DECREPIT  AURITHMENT OFFICE  13. ADDRESS CHANGES ONLY  SIREL ADDRESS  017 51 2F  DECREPIT  AURITHMENT OFFICE  14. ADDRESS CHANGES  017 51 2F  DECREPIT  AURITHMENT OFFICE  15. ADDRESS CHANGES ONLY  SIREL ADDRESS  017 51 2F  DECREPIT  AURITHMENT OFFICE  017 51 2F  DECREPIT OFFICE  018 51 2F  01 | 401 FAIRV        | VAY DRIVE                                    |  | 5                     | Street Address (   | P.O. Box Number is Not Acceptable   | e)  |
| 8. The above named entity such this determent for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.  SIGNATURE  9. Capital Controllations as Shown or Precord  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  DOCUMENT PROCOCOTION  SIREF ADDRESS  CHANGES  CHASTER  DEERFIELD BEACH, FL. 33434  CHASTER  SIREF ADDRESS  CHASTER  |                  | D BEAGIT, 1 E 30404                          |  |                       | Dity               |   | E   Zip Code  |
| SIGNATURE  8. Cascia Control across as Snown on record NOTE: General Partners May NOT be changed on the form; an amendment must be filed to change a general partner.  12. 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.  P96000101778  BYDER, INC.  401 FARWAY DRIVE  DEERFIELD BEACH, FL 33434  DITY SI-7P  DOCUMANT / MAKE  STREET ADDRESS  DITY SI-7P    | 8. The above     | named entity submits this stateme            | nt for the purpose of chang            | ing its registered of | office or register | red agent, or both, in the State of Fli                                     | · - 1   |
| 9. Casida Contretations / Applied by Amburi of Capital Conjinuitions in FLORIDA to date  8. Capital Contretations / Applied by date  10. Amburi of Capital Conjinuitions in FLORIDA to date  NOTE: General Partners HAT 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 PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  13. ADDRESS CHANGES ONLY  14. BY DEB, INC.  401 FAIRWAY DRIVE  DECRIFICED BEACH, FL 33434  CITY SI-2P  DOCUMENT ANA  SIRET ADDRESS  CITY SI 2P  DOCUMENT ANA  SIRET ADDRESS ANA  CITY SI 2P  DOCUMENT ANA  SIRET ADDRESS  |                  |  |  |                       |                    |   |   |
| 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 PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  P96000101778  WANG  SIREL ADDRESS  SIREL ADDRESS  OLY SI- JIP  DEERFIELD BEACH, FL 33434  CITY SI- JIP  DOCUMENT / NAME  SIREL ADDRESS  OLY SI- JIP  SIREL   |                  | Signature typed or confed name of registered | agent and their application            | ·                     |                    | <del></del>   | DATE  |
| 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  000UVENT / P96000101778 BYDEB, INC.  SIREL ADDRESS OF ARRWAY DRIVE DEERFIELD BEACH, FL 33434  000UVENT / SI-2P DEERFIELD BEACH, FL 33434  10 FAIRWAY DRIVE DOCUMENT / NAME STREET ADDRESS CITY ST-2P  10 DOCUMENT / NAME STREET ADDRESS STREET ADDRESS CITY ST-2P  10 DOCUMENT / NAME STREET ADDRESS ST  |                  |  |  |                       | ons                |   |   |
| 12.   GENERAL PARTNER INFORMATION   13.   ADDRESS CHANGES ONLY  |                  | A GENERAL PARTNE                             | R THAT IS A BUSINES                    | S ENTITY MUS          | T BE REGIST        | ERED AND ACTIVE WITH TH   | IIS OFFICE.   |
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| SHELF ADDRESS CITY ST-7P DECERFIELD BEACH, FL 33434  SHELF ADDRESS SIRET ADDRESS CITY ST-7P DOCUMENT / NAME SHELF ADDRE  |                  |  |  |                       | DORESS             |   |   |
| DECEMBET ADDRESS STREET ADDRESS STRE  | STREET ADDRESS   | 401 FAIRWAY DRIVE                            |  | OITY - ST-            | .716               |   |   |
| INVEST ADDRESS STREET ADDRESS DOCUMENT / NAME STREET ADDRESS CITY ST ZIP  DOCUMENT / ST Z  |                  | DEERFIELD BEACH, FL 334                      | 134                                    |                       |                    | s sometimes   |   |
| CITY-ST-ZP  DOCUMENT # NAME  STREET ADDRESS CITY-ST-ZP  COUNTST-ZP  DOCUMENT # CITY-ST-ZP  DOCUMENT # CITY-ST-ZP  14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119 O7(3)(i), Florida Statutes I further certify that the information indicated on this report is true and accurate and that my signalure shall have the same legal effect as if made under path, that am a General Partner of the imitted partnership in cardiacted on this report is true and accurate and that my signalure shall have the same legal effect as if made under path, that I am a General Partner of the imitted partnership.   | NAME             |  |  | STACET A              | DDAESS             | 04/29/04-<br>04/29/04   | J135553<br>-80001 <i>-</i> 007_526.25_  |
| STREET ADDRESS CITY ST ZIP  DOCUMENT / NAME STREET ADDRESS CITY ST ZIP  14. I hereby certify that the information supplied with this tiling does not quality for the exemption stalled in Section 119 O7(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 path, that I am a General Partner of the immed partnership in a general Partner of the immed partnership.   |                  |  |  | GIEV - ST -           | ZIP                |   |   |
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| SAME CHARLA JURESS CHAST JUP  DROWMONT * NAME STREET ADDRESS CHAST-ZIP  CHAST-ZIP  CHAST-ZIP  14. Thereby certify that the information supplied with this filling does not quality 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 path, that I am a General Partner of the firmted partnership in the contraction of the firmted partnership in the contraction of the contracti  | STREET ADDRESS   |  |  | CITY-SI-              | ZIP ZIP            | · · · · · · · · · · · · · · · · · · ·                                       |   |
| CHY-ST-ZIP  900-MINI * NAME  \$TREET ADDRESS  CHY-ST-ZIP  14. Thereby certify that the information supplied with this filling does not quality 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 path, that I am a General Partner of the firsted partnership.  |                  |  |  | SIMEET 4              | DUPESS             |   |   |
| STREET ADDRESS  CITY ST-ZIP  14. Thereby certify that the information supplied with this filling does not quality 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 path, that I am a General Partner of the firsted partnership.   | THEE LANDRESS    |  |  | t.44+21+              | ZIP                |   |   |
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| indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under path, that I am a General Partner of the limited partnership in   | STREET ADDRESS   |  |  | CITY-ST-              | ZiP ZiP            |   |   |
|   | indicated        | on this report is true and accurate          | and that my signature shall            | have the same led     | gal effect as if m | ction 119 07(3)(i). Florida Statutes<br>lade under path, that I am a Genera | I further certify that the information at Partner of the limited partnership of |