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

Apr 19, 2004 08:00 AM Secretary of State  Apr 20, 2004 08:00 AM Secretar	DUE BY MAY 1, 2004					_ FILED	
BOSH PICK FIRED TRAIL LOXAHATCHEE FL 33470  2. Principal Place of Business.  Suite, Apt. #, etc.  City & State  Ci	DOCUMENT # A9700000191 1. Entity Name						
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LOXAHATCHEE FL 38470  2. Principal Place of Business.  Sulle, Apt. #, etc.  MOORE  CREEOS (11/03)  Applies for 1000 Applicable of Current Registered Agent  For Proceedings	- 1						
Suite, Apt. 8, etc.  Suite, Apt. 8, etc.  City & State  Ci					-		
City & State  Country  Zip  Country  Zip  Country  A. PEL Number  B-0736250  Applicable for Min Applicable  State Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  PERDEKAEMPER, HORST EWALD  3037 BUCKRIDGE TRAIL  LOXAHATCHEE FL 33470  Streat Address (P.O. Box Number is Not Acceptable)  City  City  FL  Zip Code  8. The above named entity submins this statement 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  Signature, before arregistary arregional poor arresine a serious as a state of a serious and the country of a serious and t	Principal Place of Business     3. Mailing Address						
City & State  Ci	Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			
2:0 Country Zip Country 5. Certificate of Status Defined X \$8.75 Additional Fee Regulated  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PERDIEKAEM/PER, HORST EWALD 9037 BUCKRIDGE TRAIL LOXAHATCHEE FL 33470  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fords (emplian with, and accept the obligations of registered agent, and the obligations of registered agent).  SIGNATURE Symmut lipedor prints white applicable Date.  9. Capital Controllations 51,400.00 10. Amount of Capital Controllations in FLORIDA to date.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTURE 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 THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTURE 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 HATCHES INC.  STREET ADDRESS  OTT-51-29  DOCUMENT / MARK SARRES ONLY  STREET ADDRESS  OTT-51-29  DOCUMENT / MARK SARRESS ONLY  STREET ADDRESS  OTT-51-29  DOCUM			City & State	City & State			
S. Name and Address of Current Registered Agent  PFERDEKAEMPER, HORST EWALD 3037 BUCKRIDGE TRAIL LOXAHATCHEE FL 33470  City  City  FL  Zip Code  8. The above named entity submiss bits statement for the purpose of changing its registered agent, or both, in the State of Riofids. (em familiar with, and accept the obligations of registered agent, or both, in the State of Riofids. (em familiar with, and accept the obligations of registered agent, or both, in the State of Riofids. (em familiar with, and accept the obligations of registered agent, or both, in the State of Riofids. (em familiar with, and accept the obligations of registered agent, or both, in the State of Riofids. (em familiar with, and accept the obligations of registered agent, or both, in the State of Riofids. (em familiar with, and accept the obligations of registered agent, or both, in the State of Riofids. (em familiar with, and accept the obligations of registered agent, or both, in the State of Riofids. (em familiar with, and accept the obligations of registered agent, or both, in the State of Riofids. (em familiar with, and accept the obligations of registered agent, or both, in the State of Riofids. (em familiar with, and accept the obligations of registered agent, or both, in the State of Riofids. (em familiar with, and accept the obligations of registered agent, or both, in the State of Riofids. (em familiar with, and accept the obligations of registered agent, or both, in the State of Riofids. (em familiar with, and accept the obligations of registered agent, or both, in the State of Riofids. (em familiar with, and accept the obligations of Riofids.)  3. Capital Contributions  3. ADORESS CHANCES CHANCE					<u></u>	65-0736250 Not Applicable	
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SUSY ANATOMEE FL 33470  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  9. Capital Contributions  \$1,400.00  10. Amount of Capital Contributions  \$580 Nor in record.  A GENERAL PARTINER THAT Its 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 general partners.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  COLUMNITY  MME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZP  COLUMNITY  MAKE  STREET ADDRESS  CITY-ST-ZP  COLUMNITY  STREET ADDRESS  CITY-ST-ZP  CITY-ST-ZP	PFERDEKAEMPER, HORST EWALD				Street Address	(P.O. Box Number is Not Acceptable)	
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		certify that the information supplied v	vith this filing does no			Section 119.07(3)(i), Florida Statutes, I further certify that the information	