

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

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000000330</b> 1. Entity Name <b>FLORIDA I.R.E., LIMITED</b>					
Principal Place of Business <b>225 EAST LEMON STREET, SUITE 300          LAKE LAND, FL 33801</b>			Mailing Address <b>225 EAST LEMON STREET, SUITE 300          LAKE LAND, FL 33801</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3683180</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MIDYETTE, WILLIAM M III          225 EAST LEMON STREET, SUITE 300          LAKE LAND, FL 33801</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE <i>William M. Mydette III</i> <small>Signature, typed or printed name of registered agent, and date if applicable</small>				DATE <b>4/19/2004</b>	
9. Capital Contributions as Shown on record. <b>\$750,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P97000009784          FLORIDA I.R.E., INC.          225 EAST LEMON STREET, SUITE 300          LAKE LAND, FL 33801</b>		STREET ADDRESS CITY - ST - ZIP	U000000136343 04/29/04-80009-020 526.25	
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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 empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: <i>Nicholas J. Turner</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			April 19, 2004 011441476585751 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE

NICHOLAS J. TURNER, as Director