2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SEC

SIGNATURE: A

Apr 19, 2004 08:00 AM Secretary of State **DOCUMENT # A97000000510** 1. Entity Name H & A CHERRY FAMILY PARTNERSHIP, LTD. Principal Place of Business Mailing Address 2727 SOUTH OCEAN BLVD., #1103 2727 SOUTH OCEAN BLVD., #1103 HIGHLAND BEACH, FL 33487 HIGHLAND BEACH, FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212004 Cha-LP CR2E003 (10/03) City & State 4. FEI Number Applied For City & State Not Applicable 65-0732420 \$8.75 Additional Country Country Zio Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHERRY, HERBERT J Street Address (P.O. Box Number is Not Acceptable) 2727 S. OCEAN BLVD., #1103 HIGHLAND BEACH, FL 33487-1842 Zip Code 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 farnillar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed neme of regressred agent and title of applicable DATE 9. Capital Contributions 18. Amount of Capital Contributions \$1,917,810.79 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 ADDRESS CHANGES ONLY 12. 13. DOCUMENT / STREET ADORESS HERBERT J. CHERRY, TRUSTEE NAME 2727 SOUTH OCEAN BLVD., #1103 STREET ADDRESS CRY-ST-ZIP U00000131456 HIGHLAND BEACH, FL 33487 CITY-ST-ZIP (14/27/04-80006-014 526.25 DOCUMENT # STREET ADORESS ADELÉ CHERRY, TRUSTEE NAME STREET ACORESS 2727 SOUTH OCEAN BLVD., #1103 CITY-ST-ZIP CITY-ST-ZIP HIGHLAND BEACH, FL 33487 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 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CSTY-ST-ZIP 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 empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNING GENERAL PARTIE

FILED

261-272-6338