2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTINER

Apr 19, 2004 08:00 AM Secretary of State DOCUMENT # A97000000875 INELL STINE FAMILY PARTNERSHIP, LTD. Mailing Address Principal Place of Business 2209 THONOTOSASSA ROAD 2209 THONOTOSASSA ROAD PLANT CITY, FL 33566 PLANT CITY, FL 33566 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162004 CR2E003 (10/03) Cha-LP City & State 4. FEI Number Applied For City & State 59-3445307 Not Applicable \$8.75 Additional Fee Required Country Zip Zio Country 5. Certificate of Status Desired П 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name STINE, INELL M 2209 THONOTOSASSA ROAD Street Address (P.O. Box Number is Not Acceptable) PLANT CITY, FL 33566 City 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 familiar with, and accept the obligations of registered agent. SIGNATURE Synatrus, typed or printed name of registered agent and tall of applicable. DATE 10. Amount of Capital Contributions 9. Capital Contributions \$3,000,000,00 in PLORIDA to date. as Shown on record. 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME STINE, INELL M STREET ADDRESS 2209 THONOTOSASSA ROAD CHY-ST-ZP CITY-57-78 PLANT CITY, FL 33566 DOCUMENT # STREET ADDRESS UQ0000131514 04/27/04-80005-013 526.25 STINE, DONALD K NAME STREET ADDRESS 2812 JOHN MOORE ROAD CITY-ST-ZIP CITY-ST-ZIP BRANDON, FL 33511 BOCUMENT# STREET ADDRESS MCAULEY, PENNY S NAME STREET ADDRESS 1110 SANDPIPER COURT CHY-ST-ZP CATY-ST-ZIP LAKELAND, FL 33813 DOCUMENT # STREET ADDRESS STREET ADDRESS CTY-ST-ZI2 CITY-ST-ZP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZP CRY-ST-ZIP STAPLE SOCUMENT & STREET ADDRESS MARKE STREET ADDRESS CRY-ST-ZP 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

FILED