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

Feb 03, 2004 08:00 AM Secretary of State DOCUMENT # A97000000937 1. Entity Name MSE ASPEN HOLDINGS, LTD. Mailing Address Principal Place of Business PO BOX 029006 FORT LAUDERDALE FL 33302 110 E. BROWARD BLVD., SUITE 1400 FT. LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E003 (11/03) Applied For City & State City & State 4. FEI Number 65-0747447 Not Applicable Ζıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SMITH, DENNIS D ESQ. Street Address (P.O. Box Number is Not Acceptable) 110 SE 6TH ST., 15TH FLOOR FT. LAUDERDALE FL 33301 Zip Code 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 Flonda. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. THE PROPERTY OF THE PARTY OF TH 11, MAKE CHECK PAYABLE TO FL. DEPT, OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$990.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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. DOCUMENT A STREET ADDRESS NAME MSE ASPEN HOLDINGS, INC. 110 E. BROWARD BLVD., SUITE 1400 STREET ADDRESS CITY - ST- 7IP U00000070181 FT. LAUDERDALE FL 33301 CITY-ST-ZIP ñ2∕28/O4-80019-00**5** 141.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET JODRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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: Mon S. Solver Tray or USE Rope Holding Tox 05 GF 1/676, 9547695449

FILED