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

FIRE AINVESTMENTS, LTD. OL MAY -7 PH 3: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA SUITA, ADD. #, etc. DIAMOFE CR26003 (11/03) City & State City & State of Florida. I am familiar with, and accept. The obligations of registered agent. City & State Ci		DUE BY M	AY 1, 2004					
Principle Place of Business 125A EAST MARKS STREET ORLANDO FL 32603 2. Principal Place of Susiness Suite, Apt 4, etc. Suite, A	DOCUMENT # A9700000962 1. Entity Name					FILED		
128A EAST MARKS STREET ORLAND FL 32803 1. Principal Place of Business 1. Suite, Apr. 4, etc. 1. Sui	FRA INVESTMENTS, LTD.					04 MAY -7 PM 3:	30	
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Suite, Apl. #, etc. Suite, Apl. #, etc. Suite, Apl. #, etc. Suite, Apl. #, etc. MOORE CA26003 (11/03) City & State City & State Country Sp. 3446747 Name Applicable Name Applic	125A EAST MARKS STREET ORLANDO FL 32803				TALLAHASSEE, FLOR	iDA		
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Secondary Zip Country Zip Country S. Certificate of Status Desired St. 75 Additional Res Proquince St. 75 Additional R	Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E003	3 (11/03)		
Second S	City & State		City & State		4. FEI Number 59-3446747			
BOSSERMAN, CHARLES E JR 125A EAST MARKS STREET ORLANDO FL 32803 City FL Zip Code 6. The above named only submiss 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 CHARLES E BOSSEMAN DR. CENTRALES BOSSEMAN DR. COLOR TO BOTH TO B	Zip Country		Zip	Zip Country		5. Certificate of Status Desired	\$8.75 Additional	
BOSSERMÂN, CHÂRLES E JR 125A EAST MARKS STREET ORLANDO FL 32803 City FL 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 Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE Cut that I Bosser and the Advanced of the Contributions of		6. Name and Address of Current Registered Agent						
125A EAST MARKS STREET ORLANDO FL 32803 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the additional of registered agent. SIGNATURE Si					Name			
R. The above named entity submits 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 County FL County	125A EAST MARKS STREET				Street Address (P.O. Box Number is Not Acceptable)			
6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept if the obligations of registered agent. SIGNATURE Submit Name 9. Capital Contributions as \$13,691,614.01 9. Capital Contributions as \$13,691,614.01 9. Capital Contributions as \$13,691,614.01 10. Amount of Capital Contributions in FLORIGA 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 INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / MAKE BOSSERMAN, JR., CHARLES E TRUSTEE 125A EAST MARKS STREET ODICIDIATE / ORLANDO FL 32803 DOCUMENT / MAKE SIREET ADDRESS CITY-ST-2P COUNSET / PORT / ST-2P DOCUMENT / MAKE SIREET ADDRESS CITY-ST-2P COUNSET / PORT / ST-2P COUNS	OnL	ANDO 1 E 32003						
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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.	CITY-ST-ZIP					. 444		
	14. I hereby indicated the receiver	certify that the information supplied wit fon this report is true and accurate and ver or trustee empowered to execute the	h this filing does not qualify for d that my signature shall have his report as required by Char	or the ex- the san pter 620.	emption stated in Sine legal effect as if in Florida Statutes	ection 119.07(3)(i), Florida Statutes. I further c made under oath; that I am a General Partner	ertify that the information of the limited partnership or	