2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

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DOCUMENT # A9700001005 1. Entity Name 04 APR 29 AM 10:07 CRYSTAL COURT PROPERTIES, LTD. SECRETARY OF STATE Principal Place of Business Mailing Address TALL AHASSEE, FLORIDA **GROVE AT LAKELAND SQUARE GROVE AT LAKELAND SQUARE** 3570 US HWY 98 N 3570 US HWY 98 N LAKELAND, FL 33809 LAKELAND, FL 33809 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 31-1575487 Not Applicable Country Country \$8.75 Additional Zip Zin 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARCAP REALTY SERVICES GROUP, INC. Street Address (P.O. Box Number is Not Acceptable) **GROVE AT LAKELAND SQUARE** 3570 US HWY 98 N LAKELAND, FL 33809 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$99.00 in FLORIDA 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. P97000040147 DOCUMENT # STREET ADDRESS NAME BARON CAPITAL LIX, INC. STREET ADDRESS 7795 COOPER ROAD CITY-ST-ZIP CITY-ST-7IP CINCINNATI, OH 45242 DOCUMENT **₹** STREET ADDRESS NAME 300036061803 1704-01664--020 **14 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 CTY-ST-ZIP DÓCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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