

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Mar 04, 2004 08:00 AM**  
**Secretary of State**

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # A97000001139</b><br>1. Entity Name<br><b>3520 TRYON MORTGAGE HOLDINGS LTD.</b>  |   |  |   |   |  |
| Principal Place of Business<br><b>1773 WILTSHIRE VILLAGE DRIVE</b><br><b>WELLINGTON, FL 33414</b>   |   |  | Mailing Address<br><b>1773 WILTSHIRE VILLAGE DRIVE</b><br><b>WELLINGTON, FL 33414</b>   |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.          |   |   |  |
| City & State  |   | City & State   |   |   |  |
| Zip   | Country   | Zip  | Country   |   |  |
| 4. FEI Number<br><b>65-0755780</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable |   |   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |  |   | 02182004 Chg-LP CR2E003 (10/03)   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>C T CORPORATION SYSTEM</b><br><b>1200 S. PINE ISLAND ROAD</b><br><b>PLANTATION, FL 33324</b>  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b> Zip Code         </div> |   |  |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   |  |   |   |  |
| 9. Capital Contributions as Shown on record. <b>\$220,000.00</b>  |   |  | 10. Amount of Capital Contributions in FLORIDA to date. <b>220,000.00</b>   |   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |   |  |   |   |  |
| <b>12. GENERAL PARTNER INFORMATION</b>  |   |  | <b>13. ADDRESS CHANGES ONLY</b>   |   |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>M98000001546</b><br><b>TRYON AVENUE MORTGAGE LLC</b> ✓<br><b>1773 WILTSHIRE VILLAGE DRIVE</b><br><b>WELLINGTON, FL 33414</b> |  | STREET ADDRESS<br><br>CITY-ST-ZIP   | STREET ADDRESS<br><br>CITY-ST-ZIP   |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  | STREET ADDRESS<br><br>CITY-ST-ZIP   | STREET ADDRESS<br><b>U000000087676</b><br><b>03/15/04-80019-018 535.00</b><br>CITY-ST-ZIP |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  | STREET ADDRESS<br><br>CITY-ST-ZIP   |   |  |
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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 |   |  |   |   |  |
| <b>SIGNATURE:</b>   |   |  | <b>MICHAEL SHERRY</b>   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  |   |  | Date <b>2/26/04</b> Daytime Phone # <b>914 793-1793</b>   |   |  |

STAPLE CHECK HERE