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

HERE

SIGNATURE:

CL JAN -7 AH 9: 21 **DOCUMENT # A97000001343** ETHEL H. LEVY FAMILY PARTNERSHIP, LTD. SECHETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 401 S.W. 88TH TERRACE 401 S.W. 88TH TERRACE GAINESVILLE, FL 32607 GAINESVILLE, FL 32607 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01052004 Chg-LP CR2E003 (10/03) Applied For 4. FEI Number City & State City & State 59-3463512 Not Applicable \$8.75 Additional Zío Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEVY, NORMAN S Street Address (P.O. Box Number is Not Acceptable) 401 S.W. 88TH TERRACE GAINESVILLE, FL 32607 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 Signature, typed or printed name of registered agent and title if applicable 10. Amount of Capital Contributions 9. Capital Contributions \$2,500,000.00 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. DOCUMENT # STREET ADDRESS LEVY, NORMAN S NAME STREET ADDRESS 401 S.W. 88TH TERRACE CITY-ST-ZIP GAINESVILLE, FL 32607 CHY-S1-ZIP DOCUMENT # STREET ADDRESS LEVY, RHODA S 000026348060 15311 N.E. 173RD STREET STREET ADDRESS CITY-ST-ZIP 01/07/04--01035--002 C11Y-31-ZIP WOODINVILLE, WA 98072 DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP DOCUMENT # STREET ADDRESS NAME STREET AUDRESS CITY-ST-ZIP CHY ST-ZIP DOCUMENT # STREET ADDRESS CHECK NAME STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP STAPLE DOCUMENT# ~ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP this filing does not qualify for the exemption stated in Section 1/19.07(3)(i), Florida Statutes. I further certify that the information in that my signature shall have the same legal effect as if made under of the lam a General Partner of the limited partnership or its report at required by Chapter 620, Florida Statutes 14. Thereby certify that the information supplied indicated on this report is true and accurate the receiver or trustee er

INTED NAME OF SIGNING GENERAL PARTNER

FILED