
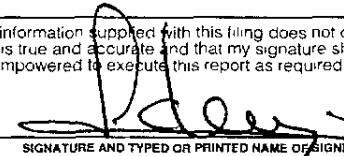


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000002076</b>					
1. Entity Name <b>DEERWOOD, LTD.</b>					
Principal Place of Business <b>848 BRICKELL AVENUE, SUITE 1010 MIAMI, FL 33131</b>			Mailing Address <b>848 BRICKELL AVENUE, SUITE 1010 MIAMI, FL 33131</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt # etc			Suite Apt #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
5. Certificate of Status Desired <input type="checkbox"/>			04142004 Chg-LP CR2E003 (10/03)		
4. FEI Number <b>65-0786193</b>			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>RILEA DEERWOOD CORP. 848 BRICKELL AVENUE, SUITE 1010 MIAMI, FL 33131</b>			Name		
			Street Address (P O Box Number is Not Acceptable)		
			City <b>FL</b> 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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record <b>\$2,600,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	<b>P97000081907</b>		STREET ADDRESS		
NAME	<b>RILEA DEERWOOD CORP.</b>		CITY - ST - ZIP		
STREET ADDRESS	<b>848 BRICKELL AVENUE, SUITE 1010</b>				
CITY - ST - ZIP	<b>MIAMI, FL 33131</b>				
DOCUMENT #			STREET ADDRESS	<b>UN00000158552</b>	
NAME			CITY - ST - ZIP	<b>05/07/04-80026-015 526.25</b>	
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
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NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
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.					
SIGNATURE:  _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #					



04142004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**65-0786193**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**RILEA DEERWOOD CORP.  
848 BRICKELL AVENUE, SUITE 1010  
MIAMI, FL 33131**

Name

Street Address (P O Box Number is Not Acceptable)

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 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 as Shown on record **\$2,600,000.00**

10. Amount of Capital Contributions in FLORIDA to date

**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.**

**12. GENERAL PARTNER INFORMATION**

**13. ADDRESS CHANGES ONLY**

DOCUMENT # **P97000081907**  
NAME **RILEA DEERWOOD CORP.**  
STREET ADDRESS **848 BRICKELL AVENUE, SUITE 1010**  
CITY - ST - ZIP **MIAMI, FL 33131**

STREET ADDRESS

CITY - ST - ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #