
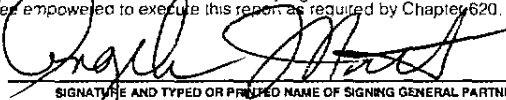


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

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

<b>DOCUMENT # A97000002108</b>					
1. Entity Name 2000 ULMERTON PARTNERS, LTD.					
Principal Place of Business 1901 ULMERTON RD., STE. 700 CLEARWATER, FL 33762			Mailing Address 1901 ULMERTON RD., STE. 700 CLEARWATER, FL 33762		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3469557	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARNETT, BOLT, KIRKWOOD & LONG 600 BAYSHORE, SUITE 700 TAMPA, FL 33606			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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$1,630,886.00			10. Amount of Capital Contributions in FLORIDA to date \$1,288,395.00		
<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 #	L97000001023		STREET ADDRESS		
NAME	RYMA, L.C.		CITY-ST-ZIP		
STREET ADDRESS	1901 ULMERTON RD., STE. 700				
CITY-ST-ZIP	CLEARWATER, FL 33762				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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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: 			4-29-04 727-540-2100		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		