2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

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

1	. Entity Name	MENT # A9700000 K PARTNERSHIP, LTD.,		Secretary of State					
9	Principal Place % MARGARE 5010 BAYSH FAMPA, FL 3	O'MALLEY ORE BLVD. #4		% MARGARET O'MALLEY 5010 BAYSHORE BLVD. #4				ANDAT ANDAT NAMES NAMES NO SINTE	
2	. Principal P	ace of Business	3. Mailing Address						
	Suite, Apt	#, etc.	Suite, Apt #, etc.			04132004 Chg-LP CR2E003 (10/03)		E003 (10/03)	
	City & State		City & State	City & State		** 1_1_1		Applied For Not Applicable	
	Zip Country		Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
	Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
-	SPARKS, I 100 S. ASH TAMPA, FI	HLEY DR., SUITE 1500		Mame Street Address (P.O. Box Number is Not Acceptable)					
		- 0000			City		F	L 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. It am familiar with and accept the obligations of registered agent.								
5	SIGNATURE .		ent and talk of analyzable				DA*E		
-	Signature typed or printed name of registered agent and title if applicable						DW £		
_	9. Capital Contributions as Shown on record. \$50,000,000.00 In FLORIDA to date								
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE R NOTE: General Partners MAY NOT be changed on the form; an amer								
Η.	12.	GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY				
١,	DOCUMENT /	212005 JIMAR, INC. 5010 BAYSHORE BLVD., #4 TAMPA, FL 33611			REET ADDRESS				
- 1	CITY-ST-ZIP				Y-ST-ZIP				
١,	DOCUMENT # NAME STREET ADDRESS				REET ADDRESS	000000158535 05/97/84 68025 923 526.25			
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:	STREET ADDRESS CITY-ST-ZIP			Cit	Y-ST-ZIP				
	14. I hereby indicated the receiver	14. Thereby 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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.							

Margaret S. O. Malling May signature and typed on printed name of signing general partner

SIGNATURE: A