2004 ™MITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUMENT # A97000002592 1. Entity Name DANCE TIL DAWN LIMITED PARTNERSHIP 04 MAR 25 AM 8: 33 Principal Place of Business Mailing Address 15527 IMPERIAL POINT LANE 15527 IMPERIAL POINT LANE WELLINGTON, FL 33414 WELLINGTON, FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01272004 CR2E003 (10/03) Chg-LP City & State Applied For 4. FEI Number City & State 65-0773333 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DANCE TIL DAWN, INC. Street Address (P.O. Box Number is Not Acceptable) 15527 IMPERIAL POINT LANE WELLINGTON, FL 33414 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 10. Amount of Capital Contributions \$1,897,955.00 897, as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. P97000058518 DOCUMENT # STREET ADDRESS DANCE TIL DAWN, INC. NAME STREET ADDRESS 15527 IMPERIAL POINT LANE CITY-ST-ZIP 900032737879 CITY-ST-ZIP WELLINGTON, FL 33414 04/14/04--01021--024 **385.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ACCRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclicated 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 permership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE AND TYPED OR PRINTED NAME OF