
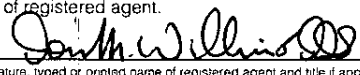


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

<b>DOCUMENT # A98000000688</b> 1. Entity Name <b>WILKINS PROPERTIES, LTD.</b>					
Principal Place of Business <b>880 INDIANOLA DRIVE MERRITT ISLAND FL 32953</b>			Mailing Address <b>880 INDIANOLA DRIVE MERRITT ISLAND FL 32953</b>		
2. Principal Place of Business <b>880 Indianola Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>880 Indianola Drive</b> Suite, Apt. #, etc.			
City & State <b>Merritt Island, FL 32953</b> Zip <b>32953</b> Country <b>United States</b>		City & State <b>Merritt Island, FL</b> Zip <b>32953</b> Country <b>United States</b>		4. FEI Number <b>59-3499442</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>WILKINS, DON M 880 INDIANOLA DRIVE MERRITT ISLAND FL 32953</b>	
7. Name and Address of New Registered Agent 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  <b>May 10, 2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>	
9. Capital Contributions as Shown on record. <b>\$20,000,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>	
<b>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.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
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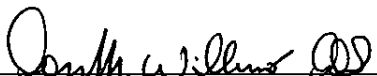
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MJH



MOORE CR2E003 (11/03) 5/18

STAPLE CHECK HERE

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:**  **May 10, 2004 (321)452-1205**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #