2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

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SIGNATURE: ₹

04 MAY -4 PM 5: 35 **DOCUMENT # A98000000840** SECRETARY OF STATE TALLAHASSEE, FLORIDA ALAMEDA, LTD. Principal Place of Business Mailing Address 680 WEST PALM AIRE DRIVE % STEEL, HECTOR & DAVIS 200 S. BISCAYNE BLVD., STE. 4100 POMPANO BEACH, FL 33069 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address 200 S. BISCAYAE Blud. 200 5. BISBAYNE Suite, Apt. #, etc. Suite, Apt. #, etc. 03292004 CR2E003 (10/03) Chg-LP # 4100 # 4100 City & State City & State 4. FEI Number Applied For mimmi mIAMI 65-0833456 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Dade 33131 ヨタノヨノ Dnde Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATE INTERNATIONAL REGISTERED AGENTS Street Address (P.O. Box Number is Not Acceptable) 200 S BISCAYNE BLVD., SUITE 4100 MIAMI, FL 33131 City 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 10. Amount of Capital Contributions 9. Capital Contributions \$1,000.00 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13 12. P94000090940 DOCUMENT # STREET ADDRESS NAME MISTY/INWOOD CORP. STREET ADDRESS 1201 S POWERLINE RD., #305 CITY-ST-ZIP CITY-ST-7IP POMPANO BEACH, FL 33069 3000365459 DOCUMENT # STREET ADDRESS 05/18/04--01032--025 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS 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-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME EET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

14. 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Macus Allu Halkot.

SIGNATURE AND TYPED OR PRINTED NAMES OF SIGNING GENERAL PARTNER

APPROVE