2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A98000000889 04 MAR -1 AM 9: 27 1. Entity Name SCC, LTD. Principal Place of Business Mailing Address % ATLANTIA HOLDINGS % ATLANTIA HOLDINGS 645 E. DANIA BEACH BLVD. 645 E. DANIA BEACH BLVD. DANIA BEACH, FL 33004 DANIA BEACH, FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092004 CR2E003 (10/03) Chg-LP City & State City & State 4. FEI Number Applied For 65-0826819 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLACKBURN, ACE J JR. COONEY, MATTSON, LANCE, BLACKBURN ET AL. Street Address (P.O. Box Number is Not Acceptable) 2312 WILTON DRIVE FORT LAUDERDALE, FL 33305 Zip Code FL 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 \$60,535.00 as Shown on record. in FLORIDA to date. \$0.00 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 12. ADDRESS CHANGES ONLY DOCUMENT # P98000032631 STREET ADDRESS NAME CASINO CRUZ, INC. 645 E. Dania Beach Blvd. STREET ADDRESS % ATLANTIA HOLDINGS, 645 E. DANIA BEACH CITY-ST-ZIP Dania Beach, FL 33004 CITY-ST-ZIP DANIA BEACH, FL 33004 \$00029570768 03/01/04--01020--013 **1941 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-S1-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 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 execute this report as required by Chapter 620, Florida Statutes

AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER OF

FILED

954/922-6700

SIGNATURE: