

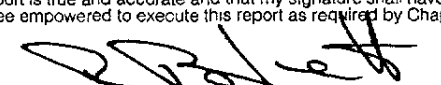


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000001323 1. Entity Name CLARITA GARCIA FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 601 NORTH NEW YORK AVENUE, SUITE 200 WINTER PARK, FL 32789			Mailing Address P.O. BOX 2066 WINTER PARK, FL 32790		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01272004 Chg-LP CR2E003 (10/03)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 59-3514326				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, M A III 601 NORTH NEW YORK AVENUE WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$10,000,000.00			10. Amount of Capital Contributions 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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	GARCIA, M A III		CITY-ST-ZIP		
STREET ADDRESS	601 NORTH NEW YORK AVENUE, SUITE 200		000000069508 02/28/04-80009-007 526.25		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	SINK, CARMEN G		CITY-ST-ZIP		
STREET ADDRESS	601 NORTH NEW YORK AVENUE, SUITE 200				
CITY-ST-ZIP	WINTER PARK, FL 32789				
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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NAME			CITY-ST-ZIP		
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 to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 			2-12-04 4076474300		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

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