2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED DOCUMENT # A98000001434 1. Entity Name 04 MAY -4 PM 5: 14 PERROS GRANDE II LIMITED SECRETARY OF STATE FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 10225 ULMERTON RD., SUITE 3D 10225 ULMERTON RD., SUITE 3D LARGO, FL 33771 LARGO, FL 33771 2. Principal Place of Business 3. Mailing Address 455 N. Indian Rocks Rd 455 N. Indian Suite, Apt. #, etc. 04202004 CR2E003 (10/03) Chg-LP Vite B Su. 6 B Applied For 4. FEI Number elleair Bellear 59-3520214 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired SS 7 70 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARSENAULT & REARDON, P.A. Street Address (P.O. Box Number is Not Acceptable) 10225 ULMERTON ROAD, SUITE 2 LARGO, FL 33771 City 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, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$12,000,000.00 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. P98000051177 DOCUMENT # STREET ADDRESS NAME PERROS GRANDE II, INC. STREET ADDRESS 10225 ULMERTON RD., SUITE 3D CITY-ST-ZIP CITY-ST-ZIP LARGO, FL 33771 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - 900036545989 05/18/04--01035--007 ***52 DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-SI-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 DOCUÆENT # STREET ADDRESS NAME, STREET ADDRESS CITY-ST-ZIP 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 explute this poport as required by Chapter 620, Florida Statutes PARTHER G. BUCKIES 4/30/04

APPRUVEI

AND