
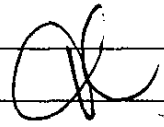
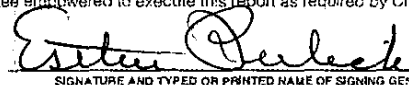


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

04 MAY 14 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A98000001523</b>					
<b>1. Entity Name</b> THE SHELTON A. PERLICK FAMILY LIMITED PARTNERSHIP					
<b>Principal Place of Business</b> 2770 SOUTH OCEAN DRIVE, #401 - NORTH PALM BEACH, FL 33480			<b>Mailing Address</b> 2770 SOUTH OCEAN DRIVE, #401 - NORTH PALM BEACH, FL 33480		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0266977	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  PERLICK, ESTHER 2770 SOUTH OCEAN DRIVE, #401 - NORTH PALM BEACH, FL 33480			<b>7. Name and Address of New Registered Agent</b>		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
<b>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.</b>					
<b>SIGNATURE</b> _____ <b>DATE</b> _____ <small>Signature, typed or printed name of registered agent; and date if applicable.</small>					
<b>9. Capital Contributions as Shown on record.</b>		<b>\$4,000,000.00</b>		<b>10. Amount of Capital Contributions in FLORIDA to date.</b>	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PERLICK, ESTHER TRUSTEE 2770 SOUTH OCEAN DRIVE, #401 - NORTH PALM BEACH, FL 33480		STREET ADDRESS CITY-ST-ZIP	000037679440 06/07/04--01005--008 **526.35	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PERLICK, ESTHER TRUSTEE 2770 SOUTH OCEAN DRIVE, #401 - NORTH PALM BEACH, FL 33480		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PERLICK, JAMES H TRUSTEE 2770 SOUTH OCEAN DRIVE, #401 - NORTH PALM BEACH, FL 33480		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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<b>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.</b>					
<b>SIGNATURE:</b> 			<b>4-28-04</b>		<b>561-582-1314</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>

STAPLE CHECK HERE