2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

STAPLE CHECK HERE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DOCUMENTS # A98000002179 SECRETARY OF STATE BREWINGHAM DEVELOPERS, LTD. 04 MAR 30 AM 8: 36 Principal Place of Business Mailing Address THE WALKER BLDG., SUITE 201 P.O. BOX 3547 547 N. MONROE ST. TALLAHASSEE, FL 32315-3547 TALLAHASSEE, FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082004 Chg-LP CR2E003 (10/03) Applied For City & State City & State 4. FEI Number -59-3536113*-*-Net-Applicable= Zip Country 7in \$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 Name BREWSTER, JAMES R'ATTY. Street Address (P.O. Box Number is Not Acceptable) 547 NORTH MONROE STREET, SUITE 203 TALLAHASSEE, FL 32301 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. It am familiar with, and accept the obligations of registered agent. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$9,200.00 in FLORIDA to date. as Shown on record. 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 ADDRESS CHANGES ONLY 13. DOCUMENT # L98000001877 STREET ADDRESS NAME TIMBERCREEK OF NORTH PENSACOLA, L.C. STREET ADDRESS 547 N. MONROE ST., SUITE 201 900032**72**6239 04/14/04--01021--022 **15 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32301 DOCUMENT # STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP CITY-ST-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 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT * STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIE 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

510-561-1-37

Daytime Phone #