2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

04 OCT -8 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000002791

1. Entity Name
SCABAROZI FAMILY PARTNERSHIP, LLLP

Principal Place of Business	Mailing Address
8515 N. ATLANTIC AVENUE CAPE CANAVERAL, FL 32920	8515 N. ATLANTIC AVENUE CAPE CANAVERAL, FL 32920

08302004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 59-3540651 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCABAROZI, PLUTARCO A
8515 N. ATLANTIC AVENUE
CAPE CANAVERAL, FL 32920

7. Name and Address of New Registered Agent

Name: JONI S SMITH
Street Address (P.O. Box Number is Not Acceptable): 8515 N. ATLANTIC AVE
City: CAPE CANAVERAL FL Zip Code: 32920

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 X Joni Smith — Signature, typed or printed name of registered agent and title if applicable. JONI S SMITH — DATE X 9/6/04

9. Capital Contributions as Shown on record. $5,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 #		STREET ADDRESS	
NAME	DAUNNO, GILIA S		
STREET ADDRESS	1837 CLARIDGE COURT	CITY-ST-ZIP	400041907534
CITY-ST-ZIP	MAITLAND, FL 32751		
DOCUMENT #		STREET ADDRESS	10/15/04--01087--005 **437.50
NAME	SMITH, JONI S TRUSTEE		
STREET ADDRESS	8515 N. ATLANTIC AVENUE	CITY-ST-ZIP	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		
DOCUMENT #		STREET ADDRESS	400041907534
NAME			10/15/04--01087--006 **88.75
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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STAPLE CHECK HERE

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: X Joni Smith - JONI S. SMITH 9/6/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #