## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

## FILED Jul 29, 2004 08:00 AM Secretary of State

	Due by se	otember 6, 20			•			C4-4-
DOCUMENT # A9900000774  1. Entity Name MUNDELL INVESTMENTS, LTD.				Secretary of State			oi State	
Principal Place of Business 2300 NORTH ATLANTIC AVE., #101 DAYTONA BEACH, FL 32118			Mailing Address 465 TOWER ROAD BORRINGTON, IL 60010					
2. Principal	Place of Business	3. Mailing Address	<del> </del>	<u> </u>				
Suite, Apt #, etc.		Suite, Apt. #, etc.					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
City & State		City & State		07072004 4. FEI Number	Chg-LP	CR2E00	3 (10/03) Applied For	
Zip	Country	Zip Country		shra	59-3581			Not Applicable
2.0				iuy		of Status Desired		8.75 Additional se Required
	6. Name and Address of Curr	ent Registered Agent	- <del></del> -	Name	7. Name and	Address of New R	egistered Ag	enf
FREEMAN, NANCY S 250 PARK AVENUE SOUTH 5TH FLOOR				Street Address (P.O. Box Number is Not Acceptable)				
WINTER PARK, FL 32789				City				Zip Code
8. The abov	re named entity submits this stateme	ng its register		red agent, or bott	n, in the State of Flo	FL orida. I am fei	1 -,	
the obliga	ations of registered agent			-				
SIGNATURE	Signature, typed or printed name of registered a	gerd and title if applicable	<del></del>				*= DATE	
Capital Contributions as Shown on record.     \$3,000,000.00      10. Amount of Capital Contributions in FLORIDA to date				butions		In accordan the limited p prior notice.	ce with s. 60 partnership o	77.193(2)(b), F.S., lld not receive the
	A GENERAL PARTNE NOTE: General Partners	R THAT IS A BUSINES						
32.		NER INFORMATION	13.			ADDRESS CH		
DOCUMENT # NAME STREET ADDRESS	MUNDELL MANAGEMENT, INC.		SIR	LET ADDRESS		· 		
CITY-ST-ZIP	DAYTONA BEACH, FL 3211	-	can	( · S7 · ZIP	· · · · · · · · · · · · · · · · · · ·			
DOCUMENT # NAME STREET ADORESS			STR	EET ADORESS	U00000168801 			
GITY-ST-ZIP	<u></u>		GIF	(-SI-ZIP				000 320,23
DOCUMENT #  NAML  STREET ADDRESS			518	LET ADDRESS		•		
CHY-SI-ZIP			ÇIR	r · SIZIP				
DOCUMENT #  NAME  STREET ADDRESS			. STR	EL I ADDRESS				
CHY-ST-ZP  CHY-ST-ZP  DOCUMENT /  HAME  STREET ADDRESS			CIT	Y-S1-ZIP	-	<u>-</u>		
NAME     SIREET ADDRESS			STR	IET ADDRESS	<del></del>	*	<u> </u>	
CHY-ST-ZP			GIE	r-S1-ZIP				
DOCUMENT / NAME STREET ADDRESS			STR	LET ADDRESS				
CHY-S1-71P				1-\$1-ZIF				
14. I hereby indicate the rece	y certify that the information supplied id on this report is true and accurate elver or trustee empowered to execut	with this filling does not qua and that my signature snall a this report as required by	lify for the ext have the sam Chapter 620,	emption stated in S se legal effect as if i Porida Statutes	ection 119.07(3)() made under oath,	), Florida Statutes. that I am a Generi	I further certif al Partner of th	<ul> <li>fy that the information he limited partnership or</li> </ul>

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PRINTER DAY OF CHRISTIAN G. Pepper, Secretary