2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

FILED DOCUMENT # A99000001158 LA JOLLA PROPERTIES, LTD. 04 JUN 25 AM 9: 29 SLOW THE STATE TALLACIANTAL Principal Place of Business Mailing Address 82216 OVERSEAS HIGHWAY 82216 OVERSEAS HIGHWAY ISLAMORADA, FL 33036: ISLAMORADA, FL 33036 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06222004 CR2E003 (10/03) City & State City & State 4. FEI Number 59-0949772 Not Applicable Zip Country Zip Country \$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 NOBREGAS, LESLIE A Street Address (P.O. Box Number is Not Acceptable) 82216 OVERSEAS HIGHWAY ISLAMORADA, FL 33036 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions 1\$3,000,000.00 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. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT # P99000061027 STREET ADDRESS NAME TONEL, INC. STREET ADDRESS 82216 OVERSEAS HIGHWAY CITY-ST-7IP CITY-ST-ZIP ISLAMORADA, FL 33036 100038739311 DOCUMENT # STREET ADDRESS 07/06/04--01031--001 NAME STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STAPLE CHECK HERE CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY ST-ZIP 14. 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 COlu 06/21/2004 305/393-164**5** SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTING Date Daytime Phone