## 2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

SIGNATURE: V

## Mar 22, 2004 08:00 AM Secretary of State DOCUMENT # A99000001159 1. Entity Name KURLAND HOLDINGS LIMITED PARTNERSHIP Principal Place of Business Mailing Address C/O GARY R. GERSON 666 SEVENTY-FIRST STREET MIAMI BEACH FL 33141 C/O GARY R. GERSON 666 SEVENTY-FIRST STREET MIAMI BEACH FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. # etc. Suite, Apt. #. etc CR2E003 (11/03) Applied For City & State City & State 4. FEI Number 65-0934589 Not Applicable Zip Country \$8.75 Additional Ζφ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GERSON, GARY R 666 SEVENTY-FIRST STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33141 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 it applicable. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$5,000,000.00 in FLORIDA to date. 700 000 SEE REVERSE SIDE FOR FEE INFORMATION 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. P99000062573 DOCUMENT # STREET ADDRESS KURLAND HOLDINGS, INC. NAME STREET ADDRESS 666 SEVENTY-FIRST STREET CITY - ST- 7IP CITY-ST-ZIP MIAMI BEACH FL 33141 GOCSBAFAST # 000000102111 STREET ADDRESS NAME 04.705.204-30001-018-526.25 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SOCUMENT # STREET ADDRESS NAME STREET ADDRESS Citty-ST-7iP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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

**FILED**