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

Business Etc. Country 6. Name and Address of Curr AN, SUSAN L 78TH ST.	Mailing Address 201 S. 78TH ST. TAMPA FL 33619 3. Mailing Address Suite, Apt. #, etc. City & State Zip	Count	ry	SECRETARY OF STATE DIVISION OF CORPORATIONS O4 APR -5 AM IO: 43 MOORE CR2E003 (11/03) 4. FEI Number 36-4322437 Applied For Not Applied by
Country 6. Name and Address of Curr	201 S. 78TH ST. TAMPA FL 33619 3. Mailing Address Suite, Apt. #, etc. City & State Zip	Count	ıry	MOORE CR2E003 (11/03) 4. FEI Number 36, 4333,437
Country 6. Name and Address of Curr	Suite, Apt. #, etc. City & State Zip	Count	ıry	MOORE CR2E003 (11/03) 4. FEI Number Applied For
Country 6. Name and Address of Curr AN, SUSAN L	City & State	Count	ïry	4. FEI Number 25, 4232,427 Applied For
6. Name and Address of Curr	Zip	Count	ry	26 4222 427
6. Name and Address of Curr		Count	ry	
AN, SUSAN L	rent Registered Agent			5. Certificate of Status Desired \$8.75 Additional Fee Required
AN, SUSAN L			·Name	7. Name and Address of New Registered Agent
A FL 33619			Street Addres	ss (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
butions record. A GENERAL PARTNE	0.00 10. Amount of C in FLORIDA	to date.	UST BE REG	DATE 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION ISTERED AND ACTIVE WITH THIS OFFICE. Then the must be filed to change a general partner.
GENERAL PART	NER INFORMATION	13.		ADDRESS CHANGES ONLY
EEGAN, SUSAN L 01 S. 78TH ST. AMPA FL 33619			-	
EEGAN, DAVID P 01 S. 78TH ST.				000032958050 04/16/0401033006 **526.25
AMPA FL 33619			-51-21	
	ſE. 4	1.		
ERDE, RAUL R	TE. 4		<u> </u>	
ACKARD, NANCY B				1301 Hunters Trail
AKERSFIELD CA 93311		CITY	-ST-ZIP	1301 Hunters Trail ystal Lake, Ib 60014
ACKARD, WALTER J 315 OAK KNOLL COURT AKERSFIELD CA 93311			ET ADDRESS /	301 Aunters Trail Vistal Lake TL 60014
	med entity submits this statemes of registered agent. Machine Indiana Statemes of registered agent. Statement Stat	med entity submits this statement for the purpose of changing of registered agent. Mature, typed or printed name of registered agent and title (i applyable.) butions statement FIAT IS A BUSINESS NOTE: General Partner THAT IS A BUSINESS NOTE: General Partners MAY NOT be changed in GENERAL PARTNER INFORMATION EEGAN, SUSAN L DI S. 78TH ST. AMPA FL 33619 EEGAN, DAVID P DI S. 78TH ST. AMPA FL 33619 ERDE, PENNY J DETENDED FOR A STE. 4 NGLEWOOD FL 34223 ERDE, RAUL R DETENDER FOR A STE. 4 NGLEWOOD FL 34223 ACKARD, NANCY B BIS OAK KNOLL COURT AKERSFIELD CA 93311 Lifty that the information supplied with this filling does not qualit this report is true and accurate and that my signature shall in this report is true and accurate and that my signature shall in this report is true and accurate and that my signature shall in this region is true and accurate and that my signature shall in this region is true and accurate and that my signature shall in this region is true and accurate and that my signature shall in this region is true and accurate and that my signature shall in this region is true and accurate and that my signature shall in this region is true and accurate and that my signature shall in this region is true and accurate and that my signature shall in this region is true and accurate and that my signature shall in this region is true and accurate and that my signature shall in the signature shall	med entity submits this statement for the purpose of changing its registered so of registered agent. **Comparison of the purpose of changing its registered so of registered agent and the diaphylable. **Buttons** **State of the purpose of changing its registered so of registered agent and the diaphylable. **Buttons** **State of the purpose of changing its registered so of registered agent and the diaphylable. **Buttons** **A GENERAL PARTNER THAT IS A BUSINESS ENTITY M NOTE: General Partners MAY NOT be changed on the form GENERAL PARTNER INFORMATION 13. **STREED OF THE PARTNER INFORMATION 13. **ST	med entity submits this statement for the purpose of changing its registered office or registered agent. City

8/3-630-2422 Daytime Prione #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PRAFTNER