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

STAPLE CHECK

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Apr 28, 2004 08:00 AM Secretary of State DOCUMENT # A9900001696 GRAYSTONE PROPERTIES, LTD. Principal Place of Business Mailing Address 1002 SOUTH HARBOUR ISLAND BLVD., STE. P.O. BOX 840 TAMPA FL 33602 THONOTOSASSA FL 33592 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Ant. #, etc. CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 59-3607614 Not Applicable Zio Country \$8.75 Additional Zσ Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PHILLIPS, ALTON B Street Address (P.O. Box Number is Not Acceptable) 1002 SOUTH HARBOUR ISLAND BLVD., STE. 1502 TAMPA FL 33602 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 alle if applicable DATE 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$5,000,000,00 as Shown on record. in FLORIDA to date. 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 12. ADDRESS CHANGES ONLY 13. DOCUMENT # STREET ADORESS NAME ALTON BURT PHILLIPS STREET ADDRESS 1002 SOUTH HARBOUR ISLAND BLVD., STE. 1502 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33602 U00U00156717 05/06/04-80003-022 526.25 DOCUMENT # STREET ADDRESS NAME PHILLIPS, JOHN A STREET ADDRESS 2 MAPLEWOOD STREET CITY-ST-ZIP CITY-ST-21F LARCHMONT NY 10538 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET AGGRESS CITY-ST-ZIP CITY-ST-ZIP BOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 cortify 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