2004 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2004**

Mary G. Greetham

STAPLE

FILED DOCUMENT # A99000002147 1. Entity Name 04 APR 30 AM 8: 01 GREÉTHAM INVESTMENTS, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 5811 PELICAN BAY BLVD., STE. 600 685 15TH AVENUE SOUTH NAPLES, FL 34108 NAPLES, FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 01202004 CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 59-3614383 Not Applicable - Country Zip _____ _Country Zip \$8.75.Additional. 5. Cêrtificate of Status Desireo Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FOWLER WHITE BOGGS BANKER P.A. FOWLER WHITE MYERS KRAUSE Street Address (P.O. Box Number is Not Acceptable) 5811 Pelican Bay Blvd.. 5811 PELICAN BAY BLVD., SUITE 600 Suite 600 NAPLES, FL 34108 Naples tatement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept ntity submits this 8. The above named distered agent. the obligations of FOWLER WHITE BOGGS BANKER P.A. JEANNE L. SEEWALD, ESOUIRE SIGNATURE 9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions \$10,000,000.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. P99000109527 **DOCUMENT #** STREET ADDRESS NAME GREETHAM INVESTMENTS, INC. STREET ADDRESS 685 15TH AVENUE SOUTH CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34102 <u>900036059969</u> 05/11/04--01056--015 **526.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS CHECK STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. 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 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 Daytime Phone