2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUMENT # A99000002218 2004 APR 21 PM 3: 39 PRINCE PHILIP CHARLES LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 9750 MIRAMAR ROAD 9750 MIRAMAR ROAD SUITE 300 SUITE 300 SAN DIEGO, CA 92126 SAN DIEGO, CA 92126 2. Principal Place of Business 1322 Alcyon Court 3. Mailing Address 1322 Alcyon Court Suite, Apt. #, etc. Suite, Apt. #, etc. 01262004 Chg-LP CR2E003 (10/03) Applied For City & State City & State 4 FEI Number 91-2018084 Carlsbad, CA 92009 Not Applicable Carlsbad, CA 92009 Zip Country \$8.75 Additional 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City 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 DATE 10. Amount of Capital Contributions 9. Capital Contributions \$455.00 in FLORIDA to date. as Shown on record. 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. 13. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS 1322 Alcyon Court PALUMBO, PHILIP R TRUSTEE NAME STREET ADDRESS 9750 MIRAMAR ROAD CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO, CA 92126 Carlsbad, CA 92009 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>100035801551</u> 05/10/04--01039--024 **141.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DOCUMENT #** STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP EEEE CITY-ST-ZIP DOCUMENT # STREET ADDRESS CHECK STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE DOCUMENT# STREET ADDRESS NAME 4 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 a required by Chapter 620, Florida Statutes - Philip R. Palumbo, Trustee, GP 1/29/2004 SIGNATURE: NO TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER SIGNATURE Date Daytime Phone

FILED