2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED May 04, 2004 08:00 AM Secretary of State

| DOCUMENT # B0000000098 1. Enlity Name FCC PARTNERS LP, LTD. | | | | | | Secreta | | eretary of State | | |
|--|----------------------------|--|-------------------|---|------|-------------------|---|------------------|---|--|
| Principal Place of Business Mailing Address | | | | | | | | | | |
| % THE GOODMAN COMPANY 777 S. FLAGLER DR., SUITE 1101E WEST PALM BEACH, FL 33401 | | | | % THE GOODMAN COMPANY 777 S. Flagler Dr., Suite 1101e West Palm Beach, Fl 33401 | | | | | A FENN FENN VVIN FENFENDISKU EN DE NEEL | |
| 2. Principal Place of Business | | | | 3. Mailing Address | | | | | | |
| Suite, Apt #, etc | | | Suite, Apt #, etc | | | 01292004 | Chg-LP | CR2E003 (10/03) | | |
| City & State | | | | City & State | | | 4. FEI Number 65-09937 | 717 | Applied For Not Applicable | |
| Zıp | Country | | | Zip Co | | itry | 5. Certificate of Status Desired X \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | | | | Name | 7. Name and Address of New Registered Agent | | | |
| SHEWALTER, WILLIAM A C/O THE GOODMAN COMPANY 777 SOUTH FLAGLER DRIVE | | | | Stroe | | Street Address (F | (P O Box Number is Not Acceptable) | | | |
| WEST PALM BEACH, FL 33401 | | | | | | | | | | |
| | | | | | | City | | | FL 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 if applicable. | | | | | | | | | | |
| 9. Capital Contributions as Shown on record \$18,798,144.00 in FLORIDA to date | | | | | | outions 18,798, | 144 | | } | |
| 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. | | | | | | | | | | |
| 12. GENERAL PARTNER INFORMATION | | | | | | <u> </u> | ADDRESS CHANGES ONLY | | | |
| DOCUMENT / NAME | M00000000617 FCC GP LLC | | | STRE | | ET ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | = | | | | CITY | - ST - ZIP | | | | |
| DOCUMENT # NAME | | | | | STRE | ET ADDRESS | 000000159675 05/10/04-80041-002 535.00 | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | CITY | -ST-ZIP | 05/10/04-80041-082 535.08 | | 80041-002 535.00 | |
| DOCUMENT # NAME | AME | | | | | ET ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | 1 | | | | | -ST-ZIP | | | | |
| DOCUMENT # NAME | | | | | STRE | ET ADDRESS | | | | |
| CITY - ST - ZIP | | | | | | -ST-7IP | | | | |
| DOCUMENT NAME STREET APPROESS | | | | | STRE | FT ADDRESS | | | | |
| STREET ADDRESS CITY ST-ZIP | | | | | CITY | ST-ZIP | | | | |
| DOCUMENT # NAME STREET ADDRESS | | | | | STRE | ET ADDRESS | | | | |
| GITY-ST-ZIP | | | | | | ·SI-ZIP | | | | |
| 14. I hereby certify that the information supplied with this filing does not quality 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 of trustee empowered to execute this report acrequited by Chapter 620, FIGURE STATUTES. (Its manager | | | | | | | | | | |
| SIGNATURE: 4/30/04/ 561-833-3777 SIGNATURE and TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Call Dayling Profess | | | | | | | | | | |