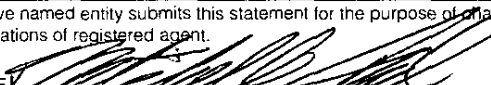


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # B00000000342 1. Entity Name THAL FAMILY HOLDINGS LIMITED PARTNERSHIP						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 03/02/04 04 FEB 19 AM 8:41  MOORE CR2E003 (11/03)	
Principal Place of Business 502 E. JOHN STREET RM E CARSON CITY NV 89706				Mailing Address P.O. BOX 402867 MIAMI BEACH FL 33140			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>c/o WITHIN</i> 7229 HAVILAND CIRCLE Suite, Apt. #, etc.		4. FEI Number 88-0387586 <input type="checkbox"/> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State BOYNTON BEACH, FL					
Zip 33437	Country USA						
6. Name and Address of Current Registered Agent THAL, MITCHELL 3100 PRAIRIE AVENUE MIAMI BEACH FL 33140 14390 WELLINGTON TRACE WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>					
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  DATE 2-12-04 <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record. \$252,000.00		10. Amount of Capital Contributions in FLORIDA to date. # 252,000.00		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 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.							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT # F00000006104 NAME THAL FAMILY HOLDINGS, INC. STREET ADDRESS P.O. BOX 402867 CITY-ST-ZIP MIAMI BEACH FL 33140				STREET ADDRESS 7229 HAVILAND CIRCLE CITY-ST-ZIP BOYNTON BEACH, FL 33437			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP 800029742958 03/03/04--01005--015 ***526.25			
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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							
SIGNATURE  DATE 2-12-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>							

STAPLE CHECK HERE