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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL

## DOCUMENT # B01000000331 04 JAN 21 PM 12: 15 C-K LAKE PARK L.P. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address C/O CLK MANAGEMENT CORP. C/O CLK MANAGEMENT CORP. 9 PARK PLACE 9 PARK PLACE GREAT NECK, NY 11021 GREAT NECK, NY 11021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 Cha-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 52-2322056 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPDIRECT AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 103 N. MERIDIAN ST., LOWER LEVEL TALLAHASSEE, FL 32311 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. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$49,750.00 as Shown on record. 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT # F01000004866 STREET ADDRESS NAME C-K LAKE PARK REALTY CORP. STREET ADDRESS 9 PARK PLACE 400027365244 CITY-ST-ZIP GREAT NECK, NY 11021 01/21/04--01037--011 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 CRAIG KOENIGSBERG, VP CK LAKE PARK REALTY CORP. goey SIGNATURE:

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