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

HERE

SIGNATURE: ____

May 04, 2004 08:00 AM Secretary of State DOCUMENT # B03000000158 1. Entity Name DUPONT HOLLYWOOD LIMITED PARTNERSHIP Mailing Address Principal Place of Business ONE CHURCH STREET ONE CHURCH STREET WEBSTER MA 01570 WEBSTER MA 01570 2. Principal Place of Business 3. Maing Address Suite, Apt. #, etc Suite. Apt #. etc MOORE CR2E003 (11/03) Applied For City & State City & State 4. FEI Number 04-3561039 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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 nife if applicable DATE 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions \$443,745.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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 ADDRESS CHANGES ONLY 12. DOCUMENT # P25789 STREET ADDRESS DRIFTWOOD ON THE OCEAN CORP NAME STREET ADDRESS ONE CHURCH ST CITY-ST-ZIP CITY - ST-ZIP WEBSTER MA 01570 M02000001764 DOCUMENT # STREET ADDRESS NAME DUPONT FAMILY PORPERTIES, LLC <u>U00000153613</u> 05/10/04-80036-022 526.25 6000 MAURY'S TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AUSTIN TX 78730 OCCUMENT # M02000001765 STREET ADDRESS NAME DUPONT HOLLYWOOD, LLC STREET ADDRESS ONE CHURCH ST CITY-ST-ZIP CITY - ST - ZIP WEBSTER MA 01570 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS STAPLE 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

INTURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED