2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

HERE

CHECK

SIGNATURE:

DOCUMENT # B03000000237 04 JUN 22 AM 9: 28 1. Entity Name LANDMARK FINANCIAL SERVICES OF FLORIDA, LTD. Jan Brand Strate TALLAS ACCES FLUNGA Principal Place of Business Mailing Address MJH 1 2929 BRIARPARK DRIVE 2929 BRIARPARK DRIVE SUFFE 125 **SUITE 125** HOUSTON, TX 77042 HOUSTON, TX 77042 2. Principal Place of Business 3. Mailing Address 7120 Beneva Road Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (10/03) 06092004 suite 201 4. FEI Number 73-1671249 City & State City & State Sarasota Not Applicable Ζip Zip Country \$8.75 Additional 5. Certificate of Status Desired 34238 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD -Street-Address (P:O: Box Number is Not Acceptable) PLANTATION, FL 33324 City 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 10. Amount of Capital Contributions as Shown on record. | \$65,000.00 in FLORIDA to date. \$65,000 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 F03000004161 DOCUMENT # STREET ADDRESS 2929 Briasporte #125 LFSF, INC. NAME STREET ADDRESS 10497 TOWN & COUNTRY WAY, #810 CITY-ST-ZIP CITY - ST - ZIP HOUSTON, TX 77024 HOUSTON, TEXAS 17042 DOCUMENT # STREET ADDRESS NAME 700038769387 STREET ADDRESS 07/06/04--01057--011 **526.25 CITY - ST- 7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 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 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

PED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED