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

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SIGNATURE: by:

May 04, 2004 08:00 AM Secretary of State DOCUMENT # B9400000059 1. Entity Name FT. MYERS UNITED, LIMITED PARTNERSHIP Principal Place of Business Mailing Address 3 NEW YORK PLAZA, 19TH FLOOR NEW YORK NY 10004 ATTN: JEROME KATZ 3 NEW YORK PLAZA, 19TH FLOOR NEW YORK NY 10004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 65-0468701 Not Applicable Zip Country Zip 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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 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 or registered agent and life if applicable 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$4,000.00 as Shown on record in FLORIDA to date. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT # F94000000819 STREET ADDRESS NAME FT. MYERS UNITED CO., INC. STREET ADDRESS 3 NEW YORK PLAZA CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10004 DOCUMENT # STREET ADDRESS U00000159049 NAME 95/10/04-80014-011-141.25 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST- ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT & STREET AGDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADORESS CITY - ST- ZIP CITY-ST-ZIP 14. Thereby 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. The Proof of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

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