


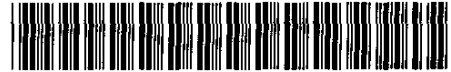
**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

<b>DOCUMENT # B94000000411</b> 1. Entity Name <b>SOUTHEAST DEL ORO LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>C/O NORTHLAND INVESTMENT CORP. 2150 WASHINGTON ST. NEWTON MA 02462</b>	Mailing Address <b>C/O NORTHLAND INVESTMENT CORP. 2150 WASHINGTON ST. NEWTON MA 02462</b>
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	

**FILED**  
**2004 FEB 20 PM 3:37**  
**DIVISION OF CORPORATIONS**  
**TALLAHASSEE, FLORIDA**



MOORE CR2E003 (11/03)

4. FEI Number <b>04-3247733</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301</b>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$991,776.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 # <b>F02000000139</b>	STREET ADDRESS
NAME <b>SOUTHERN TIER DEL ORO INCORPORATED</b>	CITY-ST-ZIP
STREET ADDRESS <b>7001-7081 N.W. 16TH STREET</b>	
CITY-ST-ZIP <b>PLANTATION FL</b>	
DOCUMENT #	STREET ADDRESS
NAME	CITY-ST-ZIP
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	STREET ADDRESS
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STREET ADDRESS	
CITY-ST-ZIP	

**700030062217**  
**03/09/04--01020--007 \*\*3352.50-**

*#526-25*

STAPLE CHECK HERE

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

**By: Southern Tier Del Oro, Inc., G.P.**  
**SIGNATURE: By: [Signature]**  
**Robert S. Gator, President**  
 Date **1/23/04** Daytime Phone # **617-965-7100**