2004 LIMITED PARTNERSHIP ANNIIAL REPORT

STAPLE CHECK HERE

Due By September 8, 2064									
1. Entity Name	RED INT	# B96000000 ERNATIONAL DRIV			F		D		
Principal Place of Business 1 N. CLEMATIS ST., STE, 305 WEST PALM BEACH, FL 33401 Mailing Address 1 N. CLEMATIS WEST PALM BE						ZOON A	UG 20 F) i: 21	L4 1 arija iloji arija isaloji ar sesi
2. Principal Place of Business 2950 REEDY CREEK DLJO Suite, Apt. #, etc.			3. Mailing Address 2950 REEDY CREEK BLUD Suite, Apt. #, etc.			08112004	Chg-LP	CR2	PE003 (10/03)
City & State KISSIMMEE Zip		FL Country	City & State KISSIMMEE Zip	Coun	FL	4. FEI Numbe 93-1209			Applied For Not Applicable \$8.75 Additional
34747		USA	34747		ŠA		of Status Desire		Fee Required
DAVID J. WIENER, P.A. 1 N. CLEMATIS ST., STE. 305 WEST PALM BEACH, FL 33401					7. Name and Address of New Registered Agent Name JOE LONGO Street Address (P.O. Box Number is Not Acceptable) 2950 REEDY CREEK BLVD				
8. The above named entity submits this statement for the purpose of changing its registered of the obligations of egistered agent. Ci						SIMMEE stered agent, or both	n, in the State o		Zip Code 34747 am familiar with, and accept
SIGNATURE Signature hybrid of printer hybrid of									
9. Capital Contributions as Shown on record. § \$3,903,570.00 In FLORIDA to date.								+88.75	+400.00 + 8.75 5,00
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 1					•		ADDRESS		
DOCUMENT # NAME STREET ADDRESS			D INTERNATIONAL DRIVE, INC.			1950 REEDY CREEK BLUD			
CITY-ST-ZIP	ST-ZIP WEST PALM BEACH, FL 334			CITY	'-ST-ZIP	KISSIMI	NEE	FL	34747
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STREET ADDRESS CITY-ST-ZIP	2			CITY	r-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 eath; that I am a General Partner of the limited partnership or the receiver or trustee empowered the execute this report as required by Chapter 620, Florida Statutes									
SIGNATURE: GRANT B MCPHAIL 8/16/04 949-369-0								749-369-9722 Daytime Phone #	