## **2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004**

SECRETARY OF STATE  INFORMATION PROCESSING TO TREATMENT SIMPLES AND ACTIVE WITH THE OFFICE.  SIMPLES OF Business  1 JISON RIDGE  2 JISON RIDG		Due By M			FILE	:O				
1. MSON RIDGE WASHINGTON, MO 63090  2. Principal Place of Business  Sure, Apt 4. etc.  Su	1. Entity Name					SECRETARY OF STATE DIVISION OF PORPORATIONS				
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.	1 JASON RIDGE 1 JASON RIDGE					F 48 8 (38) ( 10 ) 10 4	1)	<b>                 </b>	INIIN KANDI IIKA NKIINI NI INDI	
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Street Address (P.O. Box Number is Not Acceptable)  TALLAHASSEE, FL 32301  Ethic above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  9. Captal Contributions  as Shown on record. \$272,250,00  10. Amount of Captal Contributions  in FLORIDA to date.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  SIRET ADDRESS  GITY-ST-2P  DODINGT    NAME    SIRET ADDRESS    CITY-ST-2P    DODINGT    NAME    SIRET ADDRESS		6. Name and Address of Current	<u></u>							
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  9. Capital Contributions as Shown on record.  9. Capital Contributions as Shown on re	417 EAST VIRGINIA, SUITE 1				Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  9. Capital Contributions 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 filled to change a general partner.  12. 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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY.  DOCUMENT I PROTODOGOS67 SHILD COMPANY SHILD COM								-		
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NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  14-74 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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes	l			CITY-	-ST-ZIP	0110	.,		30 0.00.20	
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John John John 3/1/04 (13 1 583 - 9430	14.74 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									
SIGNATURE: John Lochico 3/2/04 (636) 583-9430	SIGNAT	URE: John 1	m/S		Sohn Loch	1100	3/2/04	(63	6) 583-9430	