2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SIGNATURE:

SIGNATURE AND TYPED

OR PRINTED NAME OF SIGNING GENERAL PARTNER

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # B97000000241** 1. Entity Name SPANISH TRACE OF ORLANDO, LTD. 04 MAR -3 PM 3: 12 Principal Place of Business Mailing Address 100 CENTERVIEW DRIVE P.O. BOX 59291 BIRMINGHAM, AL 35259 SUITE 200 BIRMINGHAM, AL 35216 3. Mailing Address 100 CenterviewDR 2. Principal Place of Business Suite, Apt. #, etc. 02252004 CR2E003 (10/03) Chg-LP City & State 4. FEI Number Applied For 72-1373399 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PANICO, JAMES P Street Address (P.O. Box Number is Not Acceptable) 111 SOUTH MAITLAND MAITLAND, FL 32751 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$100.00 as Shown on record. in FLORIDA to date. 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. 13. ADDRESS CHANGES ONLY F97000002672 DOCUMENT # STREET ADDRESS SPANISH TRACE OF ORLANDO, INC. NAME STREET ADDRESS 100 CENTERVIEW DRIVE, SUITE 200 CITY-ST-ZIP CITY-ST-ZIP BIRMINGHAM, AL 35216 <u> 800030312028</u> DOCUMENT # 03/11/04--01059--002 **141.25 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 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 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

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