2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

STAPLE CHECK HERE

SIGNATURE: .

FILED Apr 01, 2004 08:00 AM Secretary of State

1. Entity Nam GLENBO	ROUGH		D PARTNERSHIP		Secretary of State					
Principal Place of Business 400 SOUTH EL CAMINO REAL, SUITE 1100 400 SOUTH EL CAMINO REAL, SUITE 1100 SAN MATEO, CA 94402-1708 SAN MATEO, CA 94402-					SUITE 1100			n sem sem velog 1	11mm 211122 2287002 20 1822	
2. Principal P	Place of Busin	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01052004	Chg-LP	CR2E003	<u> </u>	
City & State			City & State	City & State		4. FEI Number 94-3274	719		Applied For Not Applicable	
Zip	Country		Zip	Country		5. Certificate o	Status Desired		.75 Additional Required	
	6. Name	and Address of Curren	it Registered Agent		7. Name and Address of New Registered Agent Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					Street Address (P.O. Box Number is Not Acceptable)					
								· · · · · · · · · · · · · · · · · · ·		
					City	FL 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, typod or printed name of registered agent and title it applicable.										
9. Capital Contributions as Shown on record. \$8,890,000.00										
A GENERAL PARTNEH 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					i, an amenumen	ADDRESS CHANGES ONLY				
DOCUMENT # MAME	F9700000 GRTV, IN	03401 C.			EET ADDRESS					
STREET ADDRESS CITY -ST - ZIP	\$	TH EL CAMINO REAL EO, CA 944021708	., SUITE 1100	CITY	-ST-ZIP	U0000104657 94/06/04-80031-011-536-35				
DOCUMENT # NAME				SIR	EET ADDRESS					
STREET ADDRESS CRTY - ST - ZIP				C11Y - S1 - Z3P					·	
DOCUMENT # NAME				STR	EET ADDRESS					
STREET ADURESS CITY - ST - ZIP				CIM	-SI-ZIP					
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STREET ADDRESS CITY-ST-ZIP				CHA	7-ST-ZIP			· ·		
DOCUMENT # NAME				SIR	EET ADDRESS		_			
STREET ADDRESS CITY-ST-ZIP				carv	r - \$1 - Z8P					
DOCUMENT #				STR	EFT ADDRESS					
STREET ADDRESS CITY-S1-ZIP	STREET ADDRESS			SIE	(-SI-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. (further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it 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										

Stephen R. Saul, Secretary

3/22/04 650.343.9300