

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

FILED
SECRETARY OF STATE
CORPORATIONS
04 APR -6 AM 10:44



DOCUMENT # B97000000498	
1. Entity Name WHITNEY LABS, L.P.	
Principal Place of Business 1095 N. US HWY. 1, SUITE 1,2 ORMOND BEACH FL 32174	Mailing Address 1095 N. US HWY. 1, SUITE 1,2 ORMOND BEACH FL 32174
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number 58-2341211		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
GALLAGHER, T. MARK 7061 GRAND NATIONAL DR., SUITE 148 ORLANDO FL 32801		Name T. MARK GALLAGHER Street Address (P.O. Box Number is Not Acceptable) 14050 SOUTH TOWN LOOP BLVD. SUITE 204 City ORLANDO FL 32837
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 <i>T. Mark Gallagher</i>		DATE 3/31/04
9. Capital Contributions as Shown on record. \$8,487,558.00	10. Amount of Capital Contributions in FLORIDA to date. 8,487,558	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 # NAME STREET ADDRESS CITY-ST-ZIP	B97000000489 COLONIAL GP, L.P. 70 MAIN STREET NEW CANAAN CT 06840	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	000032974130 01/15/04 01062 010 **535.00
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	

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

SIGNATURE: *Mark Kozal* **MARK KOZAL** **4/2/04** **203-966-7447**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #