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

Feb 05, 2004 08:00 AM Secretary of State DOCUMENT # B98000000224 1. Entity Name SIERRA FLORIDA PROPERTIES, L.P. Mailing Address Principal Place of Business 801 NORTH BRAND BLVD., SUITE 1010 801 NORTH BRAND BLVD., SUITE 1010 GLENDALE CA 91203-1243 GLENDALE CA 91203-1243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E003 (11/03) Applied For City & State City & State 4. FEI Number 95-4613200 Not Applicable Country Zip * Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DOWNING, GRANT T 222 WEST COMSTOCK AVE., SUITE 101 Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 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 typad or printed name of registered agent and title it applicable _ __ DATE 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions \$14,850,000.00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY F96000002371 DOCUMENT # STREET ADDRESS IMPERIAL LAND COMPANY OF ORLANDO, INC. NAME STREET ADDRESS 801 NORTH BRAND BLVD., SUITE 1010 CITY-ST-ZIP CITY-ST-ZIP GLENDALE CA 91203-1243 DOCUMENT # STREET ADDRESS U00000070698 NAME 02/26/04-80030-005-528.25 STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP DOCUMENTA STREET ADDRESS NAME : STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT A 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

Shirley Hough

SIGNATURE:

FILED