2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SIGNATURE:

FILED Apr 19, 2004 08:00 AM Secretary of State

| Mailing Address 1.KM DRIVE | DOCUMENT # B9800000473 1. Entity Name HSN LP | | | | | Secretary of State | |
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| S. PETERSBURG, FL 33729 S. PETERSBURG, FL 33729 S. PETERSBURG, FL 33729 S. PETERSBURG, FL 33729 S. Mallin, Apil 4, no. Sullin, Api | Principal Place of Business Mailing Address | | | | | 1 | |
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| City & State City & State City & State City & State Country C | 2. Principal Place of Business 3. Mailing Address | | | . • | <u> </u> | | |
| Space Spa | Suite, Apt #, etc. | | Suite, Act. #, etc. | | | 01062004 Chg-LP CR2E003 (10/03) | |
| 9. Ceptile Contributions of During the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the ellipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ellipations of registered agent. 8. The above named antily 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 ellipations of registered agent. 9. Ceptile Contributions as shown on records \$618,826,128.00 and the Familiar with and accept on a Shown on records \$618,826,128.00 and the Familiar with a Business Entity Must Be REGISTERED AND ACTIVE With THIS OFFICE. NOTIFE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. SEMERAL PARTNER RECORDANCION 12. SEMERAL PARTNER RECORDANCION 13. SINCT ACCESS INSTITUTION ADDRESS CHANGES ONLY DIGNAMOR! MISCOLOGIST ADDRESS CHANGES ONLY DIGNAMOR! MISCOLOGIST ADDRESS CHANGES ONLY SINCT ACCESS INSTITUTION ADDRESS CHANGES ONLY SINCT ACCESS INSTITUTION ADDRESS CHANGES ONLY OUTH-51-2P OCCUMENT AND ACTIVE WITH THIS OFFICE OUTH-51-2P OCCUMENT AND ACTIVE WITH THIS OFFICE OUTH-51-2P OCCUMENT AND ACTIVE WITH THIS OFFICE OUTH-51-2P OCCUMENT AND ACTIVE ACCESS OUTH-51-2P OCCUMENT AND ACCESS OUTH-5 | City & State | | City & State | | | | |
| Name | Zip | | | Cour | atry | 5. Certificate of Status Besiled Fee Required | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 8. The above named entity authinia shis statement for the purpose of charging its registered effice or registered agent, or both, in vite State of Florids. I am familiar with, and accept the obligations of registered agent and story application. SIGNATURE 8. Capital Contributions as Shown on record. 9. Capital Contributions and the shown on record. 9. Capital Contributions and the shown on record. 9. | | 5. Name and Address of Current | Registered Agent | | Name | 7. Name and Address of New Registered Agent | |
| Street Address (P.O. Box Number is Not Acceptable) | C T CORF | ORATION SYSTEM | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent. Signature Florida | 1200 SOUTH PINE ISLAND ROAD | | | | Street Address (| (P.O. Box Number is Not Acceptable) | |
| the obligations of registered agent. SIGNATURE 9. Capital Contributions as Shown on record. 9. Capital Contributions as sense of the form; an amendment must be filed to change a general partner. 9. Capital Contributions as sense of the form; an amendment must be filed to change a general partner. 9. Capital Contributions as sense of the form; an amendment must be filed to change a general partner. 9. Capital Contributions as sense of the form; an amendment must be filed to change a general partner. 9. Capital Contributions as sense of the form; an amendment must be filed to change a general partner. 9. Capital Contributions as sense of the form; an amendment must be filed to change a general partner. 9. Capital Contributions as sense of the form; an amendment must be filed | | | | | City | FL Zip Code | |
| **Gapital Contributions as Shown on record. \$618,826,128,00 | 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. | | | | | | |
| 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. | | | | | | | |
| TOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. SENERAL PARTNER INFORMATION MANNE SIRECT ADDRESS STRET A | 9. Capital Contributions as Shown on record. \$618,826,128.00 in FLORIDA to date. (\$824,037,507) - negative balance | | | | | | |
| DOCUMENT MANE STREET ADDRESS CITY-ST-ZP CITY-ST | NOTE: General Partners MAY NOT be changed on the fo | | | | UST BE REGIST ; an amendmen | TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner. | |
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| | | | | | | action 119.07(3)(i) Finding Statutes, I further contitue that the information | |