* 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SIGNATURE:

| 1. Entity Nam | ie | # B9900000 LE BRANCH LIMI | | IVI | ar 19, 20 Secretai | | | | | | |
|--|--|--|---|--|---------------------------------|--|--|--|-------------------------------------|---------------------------------|---|
| Principal Place of Business Mailing Address 2045 N. HWY., STE. #250 P.O. BOX 5407 GRAND PRAIRIE, TX 75050 ARLINGTON, TX 7600 | | | | | | | _ | | | - | |
| Principal Place of Business 3. Mailing Address | | | | | | <u>*. </u> | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | <u> </u> | 01062004 | Cng-LP | CR2E0 | - 03 (10/03) |) . |
| City & State | | | City & State | | | · | 4. FEI Number 75-2799 | | | | pplied For ot Applicable |
| Zip | Country | | | | Coun | try | 5. Certificate of Status Desi | | sd \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | | | | | 7. Name and | Address of New R | egistered / | gent | |
| | | | | | | Name | | | | | |
| CORPAMERICA, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301 | | | | | | Street Address | (P.O. Box Number | r is Not Acceptable | ;) | | <u>رُ بنگ سد نی</u> ۱۹۰۱ موه <u>بنگ شد ش</u> ی |
| | | | | | | City | | | FL | Zip Cod | ie |
| the obligat | tions of registe | submits this statement fired agent. | or the purpo: | se of changing its | register | ed office or registe | ered agent, or both | n, in the State of Flo | rida. Lam | amiliar with, | , and accept |
| SIGNATURE | Signature, typed o | r printed name of registered agen | t and title if applic | cable | <u> </u> | | ura da | | - DATE | | . Tis define |
| 9. Capital Co as Shown | ontributions on record. | \$4,600,000.00 | 10. | . Amount of Capita in FLORIDA to da | ıl Contrit | | O engales en e | | | | Art to a substitute of |
| | A G NOTE: | ENERAL PARTNER General Partners M | AY NOT be | e changed on th | TITY Me form | UST BE REGIS ; an amendme | TERED AND A nt must be filed | l to change a go | eneral par | tner. | |
| 12. | | | | | | | _ · _ · _ · _ · | ADDRESS CHA | ANGES ON | <u>Y</u> | <u>- , , , , , , , , , , , , , , , , , , ,</u> |
| DOCUMENT # NAME | M99000000133 FF DOUBLE BRANCH LLC | | | STREET ADDRESS | | ET ADDRESS | | | | | |
| STREET ADDRESS | | | | 250 | | <u> </u> | | | ······ | | <u></u> |
| CITY-ST-ZIP | 1 | | | | - CITY-ST-ZIP | | | N000000 | 97177 | | |
| DOCUMENT # NAME | | | | | | TET ADDRESS | 03/26/04-80028-021 526.25 | | | | 725 |
| STREET ADDRESS CITY-ST-ZIP | | | | <u> </u> | CITY | -ST-ZIP | | + | | · · | <u>_ Andrew</u> a |
| DOCUMENT ≠ NAME | | | - ' | | STRE | ET ADDRESS | | . <u> </u> | <u>.,</u> | | <u>,</u> |
| STREET ADDRESS CITY-ST-ZIP | | | <u> </u> | | CITY | -ST-ZIP | | | <u></u> | · <u> </u> | <u> +14 m #1.1.</u> |
| DOCUMENT # NAME | | | | | STRE | EET ADDRESS | | ·· | _ . | | - <u> </u> |
| STREET ADDRESS CITY-ST-ZIP | | <u> </u> | | | CITY | -ST-ZIP | | | | | <u>;* +== -4.4.</u> |
| DOCUMENT # NAME | | | | | STRE | EET ADDRESS | | , | <u> </u> | _ _ ·- | نار با جاموار. |
| STREET ADDRESS CITY-ST-ZIP | | | · • ====== | | CITY | -ST-ZIP | | | | | <u>,</u> |
| DOCUMENT # | | | | | STRE | EET ADDRESS | | | | <u></u> | <u>. Tibe . Tibe t</u> |
| STREET ADDRESS CITY-ST-ZIP | | | | <u> </u> | | -ST-ZIP | | | <u> </u> | | <u>د د د د د د د د د د د د د د د د د د د </u> |
| 14. I hereby indicated the received | certify that the l on this report ver or trustee (| information supplied wit is true and accurate and empowered to execute the | h this filing o d that my sig nis report as | does not qualify for mature shall have t required by Chapt | the exe the same ter 620, | mption stated in S e legal effect as if Florida Statutes | ection 119.07(3)(i made under oath: |), Florida Statutes. that I am a Genera | l further cer al Partner of | ify that the i the limited (| information partnership or |