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

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## FILED Apr 14, 2004 08:00 AM Secretary of State

DOCUMENT # B9900000123  1. Entry Name AEACUS REAL ESTATE LIMITED PARTNERSHIP					Secretary of State	
Principal Place of Business PO BOX 87, 22 GRENVILLE ST. ST. HELIER, JERSEY JE48PX CHANNEL ISLANDS,		Mailing Address 255 NE 6TH AVENUE DELRAY BEACH, FL 33483		-		
2. Principal Place of Business		3. Making Address	3. Making Address			
Suite, Apt. #. etc.		Suite, Apt. #, etc		<del></del>	01282004 Chg-LP CR2E003 (10/03)	
City & State		City & State	City & State		4. FEI Number Applied For 65-0739697 Not Applicable	
Zíp	Country	ountry Zip Co		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent		NI	7. Name and Address of New Registered Agent	
WINTZER	, WILLIAM R M			Name		
255 N.E. 6TH AVENUE DELRAY BEACH, FL 33483				Street Address (P.O. Box Number is Not Acceptable)		
					<b>::</b> ₹ Zia Cade	
2 **						
8. The above the obligat	e named entity submits this statement tions of registered agent.	for the purpose of changing it	ts registere	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE						
Signature, typed or printed name of registered agent and tide if a primable OATE						
9. Capital Co as Shown	on record. \$15,000,000.00	10. Amount of Cap in FLORIDA to				
A GENERAL PARTNER THAT IS A BUSINESS ENTIT NOTE: General Partners MAY NOT be changed on the fo				UST BE REGIST 1; an amendmer	TERED AND ACTIVE WITH THIS OFFICE.  Int must be filed to change a general partner.	
12.				13. ADDRESS CHANGES ONLY		
NAME STOCET ADDRESS	FENSTONE DEVELOPMENTS LIMITED COMPANY		STRE	FET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	SS 22 GRENVILLE ST. ST. HELIER, JERSEY JE48PX,		CITY	- ST- ZIP	U00000120857	
DOCUMENT # NAME			STRE	EET ADDRESS	U4/2U/U4-8UU25-U15 526.25	
STREET ADDRESS CRY-ST-ZIP	155		CHY	-ST-ZIP		
DOCUMENT # NAME			STRE	ET ADDRESS		
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Document # Name			STRE	ET ADDRESS		
STREET ADDRESS CITY- ST- ZIP		CITY	-S7-ZiP			
DOCUMENT #			SIRE	ET ADDRESS		
STREET ADDRESS CHY-ST-ZIP			CITY-	- ST-ZIP		
DOCUMENT # NAME			STRE	EET ADDRESS		
STREET ADDRESS SITY-SI-119	TREET ADDRESS			-ST-AP	**************************************	
<u> </u>	tertify that the information supplied with this report is true and accurate as ver or trustee empowered to execute	ith this filing does not qualify find that my signature shall have this report as required by Cha	or the exer e the same apter 620, I	mption stated in Se a legal effect as if n Florida Statutes	ection 119.07(3)(i), Florida Statutes, I further certify that the information made under oath, that I am a General Partner of the limited partnership o	