2004'LIMITED LIABILITY COMPANY ANNUAL REPORT

Principal Place 13499 U.S. 4 FT. MYERS, F	te of Business 41 SE FL 33907	Mailing Address 13499 U.S. 41 SE FT. MYERS, FL 33907 3. Mailing Address Suite, Apt. #, etc.	DIC	SE TAI	FILE, JAN 28 F EGRETARY OF LAHASSEE, F	°M 5: 52	
Suite, Apt. #, etc. City & State		City & State	1()/	01142004 4. FEI Numb		CR2E083 (10/03) Applied F	
Zip	Country	Zip	Country	APPLIE 5. Certificate	D FOR of Status Desired	\$5.00 Ac	lot Applie ditional
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and	Address of New Re		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				
8. The above the obligat	named entity submits this statement fi ions of registered agent. Signature, typed or printed name of registered agen		registered office or reg		th, in the State of Flo	rida. I am familiar with	, and acc
	iling Fee is \$50.00 ue by May 1, 2004		- Togato o Tigo togalado o	,		check payable to Department of Sta	te
D:	ue by May 1, 2004				Florida	check payable to Department of Sta	te
		ERS/MANAGERS Delete SHIP, L.P.	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP			check payable to Department of Sta	te Ad
9. TITLE NAME STREET ADDRESS	MANAGING MEMB MGR MADISON REALTY PARTNERS 1850 M STREET NW 12TH FLO	ERS/MANAGERS Delete SHIP, L.P.	10. TITLE NAME STREET ADDRESS	400	Florida	check payable to Department of Sta CHANGES Change	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMB MGR MADISON REALTY PARTNERS 1850 M STREET NW 12TH FLO	ERS/MANAGERS Delete SHIP, L.P. OR	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	400	ADDITIONS/	check payable to Department of Sta CHANGES Change	Ad
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11. 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 managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE Jaulhanens