## 2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

STAPLE CHECK HERE

DOCUMENT # A0000000584  1. Entity Name GMN BEARING TECHNOLOGIES, LTD.							FILED 2005 APR 12 AM 9: 33			
Principal Place of Business 9820 WHITHORN DRIVE, UNIT B HOUSTON, TX				Mailing Address 9820 WHITHORN DRIVE, UNIT B HOUSTON, TX			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business				3. Mailing Address						
Suite, Apt. #, etc.				Suite, Apt. #, etc.			03082005	Chg-LP	CR2E003	3 (10/03)
City & State				City & State			4. FEI Number 76-0646	559		Applied For Not Applicable
Zip	Zip Country		Z	ip	Country		5. Certificate o	Status Desired		8.75 Additional
6. Name and Address of Current F			rent Regist	istered Agent			7. Name and Address of New Registered Agent			
CTCOPP	OBATION	LOVOTEM				Name				
C T CORPORATION SYSTEM: 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324						Street Address (	is (P.O. Box Number is Not Acceptable)			
						City				7:- 0-4-
						City FL 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 ————————————————————————————————————									N-48	
9. Capital Contributions as Shown on record. \$10,000.00 10. Amount of Capita in FLORIDA to da						ntributions $\phi$				
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.										or
12.						ADDRESS CHANGES ONLY				
DOCUMENT #	M03000001753					ET ADDRESS				
name Street address	CROMER HOLDINGS, LLC 9820 WHITHORN DRIVE. SUITE B				J					
CITY-ST-ZIP	HOUSTON, TX 77095				CITY	-ST-ZIP				
DOCUMENT # NAME					STRE	ET ADDRESS				
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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										

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER PRES. DO