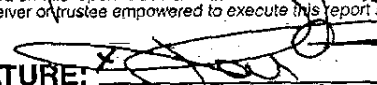


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED**  
**Feb 08, 2005 08:00 AM**  
**Secretary of State**

|   |                             |  |  |   |  |
|---|-----------------------------|--|--|---|--|
| DOCUMENT # A00000001995   |                             |  |  |  |  |
| 1. Entity Name<br>METRITEK, LLLP  |                             |  |  |   |  |
| Principal Place of Business<br>6100 PARK OF COMMERCE BLVD.<br>BOCA RATON, FL 33487  |                             |  | Mailing Address<br>6100 PARK OF COMMERCE BLVD.<br>BOCA RATON, FL 33487 |   |  |
| 2. Principal Place of Business  |                             |  | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.   |                             |  | Suite, Apt. #, etc.  |   |  |
| City & State  |                             |  | City & State   |   |  |
| Zip   |                             |  | Country  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                             |  | 01212005 Chg-LP CR2E003 (10/03)<br>Applied For<br>Not Applicable       |   |  |
| 4. FEI Number<br>65-1062906   |                             |  | \$8.75 Additional<br>Fee Required                                      |   |  |
| 6. Name and Address of Current Registered Agent   |                             |  | 7. Name and Address of New Registered Agent                            |   |  |
| JABLIN, ROBERT<br>6100 PARK OF COMMERCE BLVD.<br>BOCA RATON, FL 33487   |                             |  | Name   |   |  |
|   |                             |  | Street Address (P.O. Box Number is Not Acceptable)                     |   |  |
|   |                             |  | 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                             |  |  |   |  |
| 9. Capital Contributions as Shown on record \$8,000,000.00  |                             |  | 10. Amount of Capital Contributions in FLORIDA to date.                |   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                             |  |  |   |  |
| 12. GENERAL PARTNER INFORMATION   |                             |  | 13. ADDRESS CHANGES ONLY   |   |  |
| DOCUMENT #  | P00000116325                |  | STREET ADDRESS   |   |  |
| NAME  | RVAK, INC.                  |  | CITY-ST-ZIP  |   |  |
| STREET ADDRESS  | 6100 PARK OF COMMERCE BLVD. |  |  |   |  |
| CITY-ST-ZIP   | BOCA RATON, FL 33487        |  |  |   |  |
| DOCUMENT #  |                             |  | STREET ADDRESS   |   |  |
| NAME  |                             |  | CITY-ST-ZIP  |   |  |
| STREET ADDRESS  |                             |  |  |   |  |
| CITY-ST-ZIP   |                             |  |  |   |  |
| DOCUMENT #  |                             |  | STREET ADDRESS   |   |  |
| NAME  |                             |  | CITY-ST-ZIP  |   |  |
| STREET ADDRESS  |                             |  |  |   |  |
| CITY-ST-ZIP   |                             |  |  |   |  |
| DOCUMENT #  |                             |  | STREET ADDRESS   |   |  |
| NAME  |                             |  | CITY-ST-ZIP  |   |  |
| STREET ADDRESS  |                             |  |  |   |  |
| CITY-ST-ZIP   |                             |  |  |   |  |
| DOCUMENT #  |                             |  | STREET ADDRESS   |   |  |
| NAME  |                             |  | CITY-ST-ZIP  |   |  |
| STREET ADDRESS  |                             |  |  |   |  |
| CITY-ST-ZIP   |                             |  |  |   |  |
| DOCUMENT #  |                             |  | STREET ADDRESS   |   |  |
| NAME  |                             |  | CITY-ST-ZIP  |   |  |
| STREET ADDRESS  |                             |  |  |   |  |
| CITY-ST-ZIP   |                             |  |  |   |  |
| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:   |                             |  | Date: X 1/05/05  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  |                             |  | Daytime Phone #  |   |  |

STAPLE CHECK HERE



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02/08/05 80052 021 526.25