2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

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Jan 12, 2005 08:00 AM **DOCUMENT # A96000000138** Secretary of State 1. Entity Name HURTAK FAMILY PARTNERSHIP, LTD. Mailing Address Principal Place of Business 525 N.E. 58TH STREET 525 N.E. 58TH STREET MIAMI, FL 33137-2630 MIAMI, FL 33137-2630 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 CR2E003 (10/03) Chg-LP Applied For 4. FEI Number City & State City & State 65-0632981 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HURTAK, JOHN A Street Address (P.O. Box Number is Not Acceptable) **525 N.E. 58TH STREET** MIAMI, FL 33,131-2630 Zip Code City 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 Signature, typod or printed name of registered agent and Tille 4 applicable DATE capital Contributions shown on record. \$3,030,000.00 9. Capital Contributions 10. Amount of Capital Contributions in FLORIDA to date. 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. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 12. P95000097839 DOCUMENT # STREET ADDRESS JOHN AND JEANNE HURTAK CORP. 525 N.E. 58TH STREET STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP MIAMI, FL 33137 U00000177881 01/12/05-80005-005_526 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY - ST- ZIP 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)(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: SENERAL PARTNER

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