


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

**FILED
Apr 30, 2004 08:00 AM
Secretary of State**

| | |
|--|---|
| DOCUMENT # A9800000428 |  |
| 1. Entity Name MIL-SPEC COMMUNICATIONS, LTD. | |

| | |
|--|--|
| Principal Place of Business 7245 MANASOTA KEY ROAD ENGLEWOOD FL 34223-9306 | Mailing Address 7245 MANASOTA KEY ROAD ENGLEWOOD FL 34223-9306 |
|--|--|

| | |
|--|--|
| 2. Principal Place of Business Suite, Apt #, etc. | 3. Mailing Address Suite, Apt # etc |
|--|--|

| | | | |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 65-0873150 | Applied For <input type="checkbox"/> Not Applicable |
|--------------|--------------|------------------------------------|--|

| | | | | |
|-----|---------|-----|---------|---|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|-----|---------|-----|---------|---|



MOORE CR2E003 (11/03)

| | | | |
|--|--|--|-------------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| ZECCHINO, MARLEEN L 7245 MANASOTA KEY ROAD ENGLEWOOD FL 34223 | | 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 _____
Signature: typed or printed name of registered agent and title if applicable

| | | |
|--|--|--|
| 9. Capital Contributions as Shown on record. \$150,000.00 | 10. Amount of Capital Contributions in FLORIDA to date | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
|--|--|--|

**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.**

| 12. GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|---------------------------|--------------------------|---------------------------|
| DOCUMENT # | NAME | STREET ADDRESS | |
| | LOUGRAN ZECCHINO, MARLEEN | | |
| STREET ADDRESS | 7245 MANASOTA KEY ROAD | CITY - ST - ZIP | |
| CITY - ST - ZIP | ENGLEWOOD FL 34223-9306 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| | | | U00000158584 |
| STREET ADDRESS | | CITY - ST - ZIP | 05/07/04-80027-022 526.25 |
| CITY - ST - ZIP | | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| | | | |
| STREET ADDRESS | | CITY - ST - ZIP | |
| CITY - ST - ZIP | | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| | | | |
| STREET ADDRESS | | CITY - ST - ZIP | |
| CITY - ST - ZIP | | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| | | | |
| STREET ADDRESS | | CITY - ST - ZIP | |
| CITY - ST - ZIP | | | |

STAPLE CHECK HERE

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: Marleen L. Zecchino April 27, 2004 941-474-6814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Davlin's Phone #