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

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SIGNATURE:

Apr 26, 2004 08:00 AM Secretary of State DOCUMENT # A99000000603 1. Entity Name UNCOMMON, LTD. Principal Place of Business Mailing Address 7777 GLADES ROAD, SUITE 310 BOCA RATON FL 33434 7777 GLADES ROAD, SUITE 310 BOCA RATON FL 33434 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 65-0910015 Not Applicable Ζıρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UNCOM, INC Street Address (P.O. Box Number is Not Acceptable) 7777 GLADES ROAD, SUITE 310 **BOCA RATON FL 33434** 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, typed or printed name of registered agent and little if applicable, DATE 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$7,500.00 as Shown on record in FLORIDA to date. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY P99000033378 DOCUMENT # STREET ADDRESS NAME UNCOM, INC. 7777 GLADES ROAD, SUITE 310 STREET ADDRESS CRTY - ST - ZIP U00000146911 CITY - ST - ZIF **BOCA RATON FL 33434** 05/03/04-80085-004 150.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP SOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP CITY-SY-78F DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP COTY-SE-78P DOCUMENT # STREET ADDRESS 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 filling 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 emgowered to execute this regard as required by Chapter 620, Florida Statutes.

Robert J. Schmier

TEO NAME OF SIGNING GENERAL PARTNER

FILED