


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 8, 2004**

**FILED
Sep 28, 2004 08:00 AM
Secretary of State**

DOCUMENT # B02000000199 1. Entity Name OTTO BOCK HEALTHCARE LP	
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Principal Place of Business TWO CARLSON PARKWAY SUITE 100 PLYMOUTH MN 55447	Mailing Address TWO CARLSON PARKWAY SUITE 100 PLYMOUTH MN 55447
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MOORE CR2E003 (4/04)

2. Principal Place of Business Suite, Apt. #, etc	3. Mailing Address Suite, Apt. #, etc
City & State	City & State
Zip	Country

4. FEI Number 74-3032515	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FREGGER, ERIC 8040 ISLAND DRIVE PORT RICHEY FL 34668
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7. Name and Address of New Registered Agent 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

11. FILE NOW!!! Due by September 8, 2004!
See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee.

9. Capital Contributions as Shown on record. \$0.00	10. Amount of Capital Contributions in FLORIDA to date. 0.00
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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	
DOCUMENT #	F02000002868
NAME	OTTO BOCK HEALTHCARE U.S., INC.
STREET ADDRESS	TWO CARLSON PARKWAY SUITE 100
CITY-ST-ZIP	PLYMOUTH MN 55447
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	1100000172555
CITY-ST-ZIP	09/28/04-80001-011 541.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: F. Schmidt F. Schmidt 9.23.04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #