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

## Feb 05, 2004 08:00 AM DOCUMENT # A33524 **Secretary of State** 1. Entity Name ALPHA FIRST INVESTORS, LTD. Principal Place of Business Mailing Address 27401 WESTOWN BOULEVARD 27401 WESTOWN BOULEVARD SUITE, 1507 WESTLAKE OH 44145 SUITE, 1507 WESTLAKE OH 44145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E003 (11/03) City & State City & State Applied For 4. FEI Number 59-3168443 Not Applicable Zıp Country Zip 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 OLIVER, DAVID S Street Address (P.O. Box Number is Not Acceptable) 450 SOUTH ORANGE AVENUE, SUITE 650 C/O GREENBERG TRAURIG, ET. AL. ORLANDO FL 32801 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, typed or printed name of registered agent and title if applicable, - DATE 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$3,000,000.00 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 13. ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS NAME FIRST INVESTORS GRP, INC <del>Unicentraze</del> 27401 WESTOWN BLVD. #1507 STREET ADDRESS CITY - ST- ZIP 02/28/04-80031-001 535.00 WESTLAKE OH 44145 CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY - ST - 71P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ACTORESS CITY-ST-7IP 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

irst Investors Group, Inc. as General Partner

SIGNATURE:

President

FILED

2/2/04 (440) 835-0950

DayLine Phone #