

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Feb 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000001995</b>					
<b>1. Entity Name</b> METRITEK, LLLP					
<b>Principal Place of Business</b> 6100 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487			<b>Mailing Address</b> 6100 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 01212005    Chg-LP    CR2E003 (10/03) 65-1062906	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
JABLIN, ROBERT 6100 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> <b>DATE</b> _____					
<b>9. Capital Contributions as Shown on record</b> <b>\$8,000,000.00</b>		<b>10. Amount of Capital Contributions in FLORIDA to date.</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
<b>DOCUMENT #</b> P00000116325 <b>NAME</b> RVAK, INC. <b>STREET ADDRESS</b> 6100 PARK OF COMMERCE BLVD. <b>CITY - ST - ZIP</b> BOCA RATON, FL 33487	<b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>		000000220041 02/08/05 80052-021 526.25		
<b>DOCUMENT #</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>				
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<b>14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: <b>x 1/05/05</b> Daytime Phone #: _____		

STAPLE CHECK HERE