2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

May 05, 2005 08:00-AM Secretary of State DOCUMENT # A00000000631 1. Entity Name IRRADIO HOLDINGS. LTD. Mailing Address Principal Place of Business 2601 S. BAYSHORE DRIVE 2601 S. BAYSHORE DRIVE PHI PH II COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04152005 Chg-LP CR2E003 (10/03) 4. FEI Number Applied For City & State City & State 65-0998987 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPDIRECT AGENTS Street Address (P.O. Box Number is Not Acceptable) 103 NORTH MERIDIAN STREET LOWER LEVEL TALLAHASSEE, FL 32301 City 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 Signature, typed or printed name of registered agent and fills if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions as Shown on record. \$100.00 in FLORIDA to date. 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. P00000036758 DOCUMENT # STREET ADDRESS IRRADIO INVESTMENTS, INC. NAME STREET ADDRESS 2601 S. BAYSHORE DRIVE, PH II CITY-ST-ZIP CITY-ST-ZIP COCONUT GROVE, FL 33133 DOCUMENT # STREET ADDRESS NAME HAAAAAAA STREET ADDRESS 05/05/05-80141-014 141.25 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP C/TY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY+ST-7IP 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 empowered to execute this report as required by Chapter 620, Florida Statutes

FILED