2004 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2004**

SIGNATURE:

DOCUMENT # A00000001129 2004 APR 21 PM 3: 39 GOLDFINGER WORLDWIDE LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 9750 MIRAMAR ROAD, STE 300 9750 MIRAMAR ROAD, STE 300 SAN DIEGO, CA 92126 SAN DIEGO, CA 92126 2. Principal Place of Business 3. Mailing Address 1322 Alcyon Court 1322 Alcyon Court Suite, Apt. #, etc. Suite, Apt. #, etc. 01262004 Chg-LP CR2E003 (10/03) 4. FEI Number Applied For Carlsbad, CA 92009 Carlsbad, CA 92009 91-2058130 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$900.00 as Shown on record. 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 ADDRESS CHANGES ONLY 12. DOCUMENT # P00000068849 STREET ADDRESS 1322 Alcyon Court NAME GOLDFINGER WORLDWIDE MANAGEMENT INC 9450 MIRAMAR RD, STE 300 STREET ADDRESS CITY-ST-ZIP Carlsbad, CA 92009 CITY-ST-ZIP SAN DIEGO, CA DOCUMENT **₹** STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 200035801542 05/10/04--01039--023 **141.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 precure this report as required by Chapter 620, Florida Statutes Philip R. Palumbo, President of GP

ID TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED

1/29/2004

Daytime Phone #

Date