2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

2004 DEC 10 AM 9: 24 DOCOMENT # A00000001518 SECRETARY OF STATE TALLAHASSEE, FLORIDA MTEC INTERNATIONAL LTD. Principal Place of Business Mailing Address ATTN RICHARD PAHICK 3804 SYDNEY ROAD P.O. BOX 459 PLANT CITY, FL 33567 PLANT CITY, FL 33564 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07232004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 59-3673269 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOTOLAW, INC. 50 NORTH LAURA STREET, SUITE 2500 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32202 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 Signatura, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$200,000.00 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. M00000002064 DOCUMENT # STREET ADDRESS RWH GENPAR, LC NAME STREET ADDRESS 306 W. SIMONDS ROAD 700042188907 10/26/04--01063--005 ***9 CITY-ST-7IP CITY-ST-ZIP SEAGOVILLE, TX 75159 DOCUMENT # STREET ADDRESS NAME 700043**/188907** 01/06/05--01048--003 **10 STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP **100.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP. CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIF€ DOCUMENT # NAME STREET ADDRESS 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 accorde 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 empoyered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

CITY-ST-7iP

Sutu

10/21/4

FILED

813-659-2948