2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

May 04, 2004 08:00 AM Secretary of State DOCUMENT # A01000001202 CRI TECHNOLOGY, LLLP Principal Place of Business Mailing Address 2583 HUNT CLIFF LANE 2583 HUNT CLIFF LANE PANAMA CITY, FL 32405 PANAMA CITY, FL 32405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #. etc 04292004 Chg-LP CR2E003 (10/03) Applied For City & State City & State 4. FEI Number 59-3682089 Not Applicable Ζıp Country 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 Name SCOTT, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 2583 HUNT CLIFF LANE PANAMA CITY, FL 32405 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 9. Capital Contributions 10. Amount of Capital Contributions \$0.00 in FLORIDA to date. as Shown on record 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME SIMPSON, RICHARD A STREET ADDRESS 2583 HUNT CLIFF LANE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY, FL 32405 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS COTY-ST-ZIP 05/10/04-80014-002 141.25 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 DOCUMENT# STREET ADDRESS STREET ADDRESS City St. 7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY+ST-ZIP GITY-ST-ZIP

14. Thereby 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 eath, 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

SIMPSIN

RICHARO A.

AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

FILED