


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004


APPROVED
AND
FILED

04 MAY 10 AM 8:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A02000000696	
1. Entity Name ELRO VENTURE INVESTMENTS USA LIMITED	

Principal Place of Business 174-A SEMORAN COMMERCE PL, STE. 109 APOPKA, FL 32703	Mailing Address 174-A SEMORAN COMMERCE PL, STE. 109 APOPKA, FL 32703
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
04272004 Chg-LP	CR2E003 (10/03)
4. FEI Number 26-005163	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PISTOR, HANS BERNHARD 174-A SEMORAN COMMERCE PL, STE. 109 APOPKA, FL 32703	7. Name and Address of New Registered Agent <table border="1"> <tr><td>Name</td></tr> <tr><td>Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td>City</td></tr> <tr> <td align="center">FL</td> <td>Zip Code</td> </tr> </table>	Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
Name						
Street Address (P.O. Box Number is Not Acceptable)						
City						
FL	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.

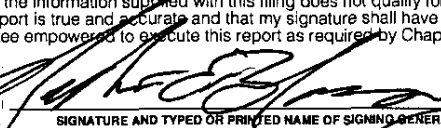
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: \$50,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L01000001020	STREET ADDRESS	
NAME	MONROE-THARPE LLC	CITY - ST - ZIP	
STREET ADDRESS	19806 PANAMA CITY BEACH PARKWAY		
CITY - ST - ZIP	PANAMA CITY BEACH, FL 32413		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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NAME		CITY - ST - ZIP	
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 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

SIGNATURE:  **4-28-04 8502330505**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE