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

FILED
SECRETARY OF STATE
DIVISION OF SCREEN ATIONS DOCUMENT # A03000000445 04 APR 26 PM 1: 42 NORAM EQUITIES, LTD. Principal Place of Business Mailing Address 1551 SANDSPUR ROAD 1551 SANDSPUR ROAD MAITLAND, FL 32751 MAITLAND\_FL-32751 2. Principal Place of Business 3. Mailing Address P.O. BUX 4961 Suite, Apt. #, etc. Suite, Apt. #, etc. 03162004 CR2E003 (10/03) City & State City & State 4. FEI Number Applied For ORLANDO Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **B&C CORPORATE SERVICES OF CENTRAL FL INC** Street Address (P.O. Box Number is Not Acceptable) 390 N. ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801 Zip Code FL 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 \$100.00 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. 13. DOCUMENT # L02000015193 STREET ADDRESS NORAM, LLC NAME 1551 SANDSPUR ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND, FL 32751 P94000013131 DOCUMENT # STREET ADDRESS NAME CONSTRUCTION SITE SERVCIES, INC. STREET ADDRESS 1551 SANDSPUR ROAD CITY-ST-ZIP CITY-ST-ZIP MAITLAND, FL 32751 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMF; STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP CITY-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 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

BY! MICHAEL J. SCIARRINO, PRES.