2005 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2005**

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A03000000445** NORAM EQUITIES, LTD. 05 MAR 21 AM 10: 27 Mailing Address Principal Place of Business 1551 SANDSPUR ROAD P.O. BOX 4961 MAITLAND, FL 32751 ORLANDO, FL 32802 2. Principal Place of Business oncouret 03102005 CR2E003 (10/03) Chg-LP Applied For 4 FEI Number 56-2336629 Not Applicable \$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 **B&C CORPORATE SERVICES OF CENTRAL FL INC** Address (R.O. Box Number is Not Acceptable) 390 N. ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801 CITYMA. TLAOD 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. 3/10/05 10. Amount of Capital Contributions 9. Capital Contributions \$100.00 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY L02000015193 DOCUMENT # STREET ADDRESS NAME NORAM, LLC STREET ADDRESS 1551 SANDSPUR ROAD CITY-ST-ZIP <u>500049167925</u> CITY-ST-ZIP MAITLAND, FL 32751 03/25/05--01005--015 P94000013131 DOCUMENT # STREET ADDRESS CONSTRUCTION SITE SERVCIES, INC. NAME 1551 SANDSPUR ROAD STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP MAITLAND, FL 32751 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 # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 optrustee empowered to execute the report as required by Chapter 620, Florida Statutes SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

FILED