2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUMENT # A0300001646 1. Entity Name CALMOD LTD					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 FEB 26 AM 8: 34				
Principal Place of Business Mailing Address 9253 NW 100 STREET 9253 NW 100 STREET MIAMI, FL 33178 MIAMI, FL 33178			ET .			04120	ZU NI	1 0 34	
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02032004	Chg-LP	CR2E0	03 (10/03)	
City & State		City & State	City & State		4. FEI Number			Applied For	
Zip	Country	Zip	Coun	try	5. Certificate of	Status Desired		Not Applicable \$8.75 Additional Fee Required	
	6. Name and Address of Currer	t Registered Agent			7. Name and A	ddress of New I		·····	
DADE CORPORATE SERVICES, INC.				Name					
2300 COR	AL WAY, SUITE 103				Street Address (P.O. Box Number is Not Acceptable)				
	MIAMI, FL 33145								
· P				City			FL	Zip Code	
	named entity submits this statement	for the purpose of changing	g its registere	ed office or registe	ered agent, or both,	in the State of F	lorida. I am f	amiliar with, and accept	
the obligat	ions of registered agent.		•					•	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.					DATE		
9. Capital Contributions as Shown on record. \$1,600,000.00 in FLORIDA to date.									
as Snown				7,500			iio offici	_	
	A GENERAL PARTNER NOTE: General Partners N	IAY NOT be changed o	on the form	; an amendme	nt must be filed	to change a g	jeneral par	=. tner.	
12.	GENERAL PARTN L03000046479	ER INFORMATION	13.	Γ΄.		ADDRESS CH	ANGES ONI	_Y	
DOCUMENT # NAME	CALMOD GP, LLC			ET ADDRESS	·				
STREET ADDRESS CITY-ST-ZIP	9253 NW 100 STREET MIAMI, FL 33178		CITY	-ST-ZIP		وسنو وسنار وساو		4 57-4	
DOCUMENT #	MIAMI, FL 33176				03/12/	/040102	0025	161 **141.25	
NAME ADDRESS CITY SI-TIP	, •-		ļ.	-ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP			CLEY	-S1-ZIP					
DOCUMENT #			SIRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP					
DOCUMENT #			STRE	EET ADDRESS					
STREET ADDRESS ÇÎTY-ST-ZIP			CITY	-\$1-ZIP					
indicated the receiv	certify that the information supplied w fon this report is true and accurate a ver or trustee empowered to execute	nd that my signature shall b	ave the same	e legal effect as if i	made under oath; tl	nat I am a Gene	ral Partner of	the limited partnership o	
SIGNAT	URE:	ADDRIVE WANT DESIGNING OF	CHERAL BARTH	-n	4/7/	Z 707	503-	887-7571	