2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

THE THE

コージーフ

SIGNATURE:

DOCUMENT # A21182 04 MAY -6 PH 5: 22 SECRETARY OF STATE TALLAHASSEE, FLORIDA CORAL SPRINGS PROFESSIONAL, LTD. Principal Place of Business 7601 DUNLEER P.O. BOX 4246 Mailing Address 7601 DUNLEER WAY AUSTIN TX 78765 DALLAS TX 75248 DALLAS, TX 7524P 2. Principal Place of Business 3. Mailing Address 7601 DUNLEER WAY Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (11/03) MOORE City & State City & State 4. FEI Number Applied For 59-2602409 Not Applicable -----Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 75248 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRENNER, SCOTT Street Address (P.O. Box Number is Not Acceptable) 1000 HILLSBORO BLVD., SUITE 100 DEERFIELD BEACH FL 33441 1500 W. CYPRESS CREEK Rd. SUITE WAS City Zip Code FT. LAUDERDALE, FL 33309 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. 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$10.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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 M95525 DOCUMENT # STREET ADDRESS NAME DIG-USA, INC. 7601 DUNLEER WAY STREET ADDRESS CITY-ST-ZIP DALLAS TX 75248 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 5000375707 06/02/04--01008--007 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME: STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-STEZIP 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

VICE Prosident

PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/04

APPRUTE