

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By, September 8, 2004

FILED

04 OCT -5 PM 3:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # A25538	
1. Entity Name HOLOX, LTD.	



Principal Place of Business 1500 INDIAN TRAIL RD. SUITE C NORCROSS, GA 30093	Mailing Address CALLER 6100 NORCROSS, GA 30091-6100
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 6055 Rockside Woods Blvd. Suite, Apt. #, etc.
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City & State Independence, OH	City & State Independence, OH
Zip 44131	Country US



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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
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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.	
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SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.		DATE _____
9. Capital Contributions as Shown on record. \$1,430,000.00	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 # F93000005143	NAME HOLOX, INC.	STREET ADDRESS	
STREET ADDRESS 1500 INDIAN TRAIL RD.		CITY-ST-ZIP	
CITY-ST-ZIP NORCROSS, GA 30093			
DOCUMENT #	NAME	STREET ADDRESS	
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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.	
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SIGNATURE: <i>Mark D. Weller</i>	Mark D. Weller Asst. Secretary of Holox, Inc.	216-642-6600
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