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

	1. Entity Name	DOCUMENT # A30562  I. Entity Name VOLVO AERO SERVICES L.P.						W	SECRETAR DIVISION OF C	EC Y OF ST. CORPORA	ATE ATIONS : NO
	Principal Place of Business 645 PARK OF COMMERCE WAY BOCA RATON, FL 33487				Mailing Address 645 PARK OF COMMERCE WAY BOCA RATON, FL 33487						
ŀ	2. Principal Pl	Principal Place of Business			Mailing Address						
ŀ	Suite, Apt. #, etc.  City & State			S	Suite, Apt. #, etc.		03172004	Chg-LP	CR2E00	03 (10/03)	
ŀ				C	Dity & State			4. FEI Numbe			Applied For Not Applicable
	Zip	p Country		Z	Zip Cou		itry	5. Certificate of Status Desired See Required \$8.75 Addition			\$8.75 Additional ee Required
	<del></del>	6. Name and Address of Current Reg			tered Agent Name			-7. Name and	Address of New R	egistered A	gent
	645 PARK	HARTNEY, KEVIN P 845 PARK OF COMMERCE WAY BOCA RATON, FL 33487					Street Address (P.O. Box Number is Not Acceptable)				
											Zip Code
	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 Flo the obligations of registered agent.								FL orida. I am fa	 amiliar with, and accept	
	SIGNATURE Signature, typed or printed name of registered agent and title if applicable.									DATE	
5		Capital Contributions as Shown on record. \$0.00 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.									
	12. GENERAL PARTNER INFORMATION					13.			ADDRESS CHA		
	DOCUMENT # NAME	F99000002732 VOLVO AERO NORTH AMERICA INC			STREET ADDRESS						
	STREET ADDRESS CITY-ST-ZIP	1 4 14121				СІТҮ	'-ST-ZIP				
	DOCUMENT # NAME				STRE		EET ADDRESS				
_	STREET ADDRESS CITY-ST-ZIP					СІТУ	'-ST-ZIP	<b>5000</b> 33096355 04/19/0401075001 **582.50			
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	STREET ADDRESS CITY-ST-ZIP	·				CITY	'-ST-ZIP				
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	14. I hereby 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:  **EVIN P. HANTING**  3//8/04 - 3823										
	SIGNAT	URE: _	SIGNATING AND TVE	ED OD ODINTE	D NAME OF SIGNING SENER	AL DARTN	KEVIN	1. HARTN	181 3/181	VY .	101-787-38