2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

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FILED DOCUMENT # A30570 1. Entity Name ORLÁNDO TECHCENTER, LTD. O4 APR 30 PM 12: 28 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA C/O TAURUS INVESTMENT HOLDINGS, LLC C/O TAURUS INVESTMENT HOLDINGS, LLC 1350 EAST NEWPORT CENTER DRIVE, SUITE 206 1350 EAST NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262004 CR2E003 (10/03) Chg-LP City & State City & State Applied For 4. FEI Number 65-0230996 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired ΧÌ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JAMES R. KAY, ESQ. KAY LAW OFFICES Street Address (P.O. Box Number is Not Acceptable) KAY LAW OFFICES ATTN; JAMES R. KAY, ESQUIRE 11505 FAIRCHILD GARDENS AVE., SUITE 203 PALM BEACH GARDENS, FL 33410 700 VILLAGE SQUARE CROSSING, STE 102B Zip Code PALM BEACH GARDENS 33410 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, syped or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$4,100,000,00 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. DOCUMENT # L97760 STREET ADDRESS ORLANDO TECHCENTER, INC. NAME STREET ADDRESS 1350 EAST NEWPORT CENTER DR., ST. 206 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH, FL 33442 <u> 200036266548</u> N5/13/04--01050--012 **535.00 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 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 LINDA G. KASSOF 04/27/2004 (954) 428-4585

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER