## 2004 LIMITED PARTNERSHIP ANNUAL REPORT

| Due by May 1, 2004  |   |  |  |     |   |   |   | T!LEU           |                           |  |
|---|---|--|--|-----|---|---|---|-----------------|---------------------------|--|
| DOCUMENT # A32094  1. Entity Name PORT ROYALE ASSOCIATES, LTD.  |   |  |  |     |   |   | UIVISION                                  | TARY OF         | STATE PORATIONS 112: 35   |  |
| Principal Place of Business<br>6550 NORTH FEDERAL HIGHWAY<br>SUITE 200<br>FT. LAUDERDALE, FL 33308  |   |  | Mailing Address<br>6550 NORTH FEDERAL HIGHWAY<br>SUITE 200<br>FT. LAUDERDALE, FL 33308 |     |   | 1 MBR(411   1868 !  | 241 <b>0</b> 31011 00110 10418 0101       |                 | RIPH RIBH GISHBIL AL IODI |  |
| 2. Principal Place of Business  |   |  | 3. Mailing Address   |     |   |   |   |                 |                           |  |
| Suite, Apt. #, etc.   |   |  | Suite, Apt. #, etc.  |     |   | 01062004  | Chg-LP                                    |                 | 03 (10/03)                |  |
| City & State  |   |  | City & State   |     |   | 4. FEI Number   |   |                 | Applied For               |  |
| Zip   | Zip Country                                       |  | Zip Count  |     | ntry  | 65-0289257 Not Applicable  5. Certificate of Status Desired \$8.75 Additional |   |                 |                           |  |
|   |   |  |  |     |   | <u> </u>  |   | _ F             | ee Required               |  |
| +   | 6. Name and Address of Current Registered Agent   |  |  |     |   | 7. Name and Address of New Registered Agent Name                              |   |                 |                           |  |
| ECHION U.S.A., INC.<br>8890 WEST OAKLAND PARK BLVD., SUITE 300<br>FT, LAUDERDALE, FL 33351  |   |  |  |     | -Street Address (P.O. Box Number is Not Acceptable) |   |   |                 |                           |  |
| ,   | ,   |  |  |     |   | ···   |   |                 |                           |  |
|   |   |  |  |     | City  | FL 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 Florida. I am familiar with, and accepted obligations of registered agent.   |   |  |  |     |   |   |   |                 |                           |  |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable.   |   |  |  |     |   |   |   | DATE            |                           |  |
| 9. Capital Contributions as Shown on record. \$850,000.00 In FLORIDA to date.   |   |  |  |     |   |   |   |                 |                           |  |
| 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.   | 12. GENERAL PARTNER INFORMATION 000UMENT / M89579 |  |  |     | <u> </u>  |   | ADDRESS CH                                | ANGES ONL       | Υ                         |  |
| NAME<br>STREET ADDRESS  | ECHION U.S.A., INC<br>8890 W. OAKLAND I           |  |  | 1   | EET ADDRESS<br>Y-ST-ZIP                             |   | <u>.</u>                                  |                 |                           |  |
| CITY-ST-ZIP   |   |  |  |     |   |   | 1 9 TO 8 TO | <u>,, ,</u> , , |                           |  |
| DOCUMENT # NAME STREET ADDRESS  |   |  |  | l   | FIADDRESS 50030593206<br>03/17/0401004002 **437.50  |   |   |                 |                           |  |
| CITY-ST-ZIP   | PLANTATION, FL                                    |  |  |     | Y-ST-ZIP  |   |   |                 |                           |  |
| DOCUMENT <b></b> NAME   |   |  |  |     | REET ADDRESS  |   |   |                 |                           |  |
| STREET ADDRESS CITY-ST-ZIP  |   |  |  | CIT | Y-ST-ZIP  | 03/17/  | <b>10030</b> 5<br>10401004                | 003<br>003      | U6<br>**88.75             |  |
| DOCUMENT. <b>≱</b>  |   |  |  | STF | REET ADDRESS  |   |   |                 |                           |  |
| STREET ADDRESS CITY-ST-ZIP DOCUMENT   |   |  |  | CIT | Y-ST-ZIP  | -   |   |                 |                           |  |
| DOCUMENT /  |   |  |  | STF | REET ADDRESS  |   |   |                 |                           |  |
| NAME  STREET ADDRESS CITY-ST-ZIP  |   |  |  | СП  | Y-ST-ZIP  |   |   | por la          | 401                       |  |
| DOCUMENT #  |   |  |  | STE | REET ADDRESS  |   |   | <del>31</del>   | <b>~</b>                  |  |
| STREET ADDRESS  |   |  |  | СІТ | Y-ST-ZIP  | <u> </u>  |   |                 |                           |  |
| 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 frue 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 trusteelempowered to execute this report as required by Chapter 620, Florida Statutes  SIGNATURE:    1-28-04   954.493.9551 |   |  |  |     |   |   |   |                 |                           |  |

Daniel Hotte, President - Echion, USA, Inc.