2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

RNES

T MOYEK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Mar 12, 2004 08:00 AM Secretary of State **DOCUMENT # A93000000557** EV ENERGY SYSTEMS, LTD. Principal Place of Business Mailing Address 4300 NW 23 AVENUE, #530 4300 NW 23 AVENUE, #530 GAINESVILLE, FL 32606 GAINESVILLE, FL 32606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 03092004 Chg-LP CR2E003 (10/03) & State City & State 4. FEI Number Applied For 59-3204340 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOYER, ERNEST H Street Address (P.O. Box Number is Not Acceptable) 4300 NW 23 AVENUE, #530 GAINESVILLE, FL 32606 City 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, 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable CATE Amount of Capital Contributions in PLORIDA to date. 9. Capital Contributions \$160,000.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. P93000022850 DOCUMENT# STREET ADDRESS FLORIDA TECHNOLOGY MANAGEMENT, INC. NAME STREET ADDRESS 4300 NW 23 AVENUE, #530 CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE, FL 32606 U00000094922 GOCHMENT # 03/24/04-80012-004 526.25 STREET ADDRESS NAME 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 DOCUMENT # STREET ADDRESS STAPLE CHECK NAME STREET ADDRESS CITY-51-719 CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CiTY-ST-ZIP 14. Thereby certify that the information supplied with this fling 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 the 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 engagement to execute this region by Chapter 620, Florida Statutes

FILED