2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) **DUE BY MAY 1, 2004**

SIGNATURE:

FILED Apr 22, 2004 08:00 AM Secretary of State DOCUMENT # A93000000580 1. Entity Name SIEMENS WEST BOYNTON, LTD. Principal Place of Business Mailing Address 5801 N CONGRESS, SUITRE 205 BOCA FATON FL 33487 5801 N CONGRESS, SUITRE 205 **BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address Suite Apt. # etc. Suite. Apt # etc CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 65-0443754 Not Applicable Zφ 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 Name SIEMENS, RICHARD 5801 N. CONGRESS, SUITE 205 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33487** 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$1,000.00 as Shown on record in FLORIDA to date SEE REVERSE SIDE FOR FEE INFORMATION 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 # P93000029170 STREET ADDRESS NAME SIEMENS WEST BOYNTON CORP. STREET ADDRESS 5801 N CONGRESS, SUITE 205 CLTY - ST - 7IP CITY ST ZIP **BOCA RATON FL 33487** U00000137408 04/29/04-80038-010 141.25 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP CHECK HERE DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP STAPLE **COCUMENT #** STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP I hereby certify that the information exposited with this fining 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 eath, 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, Flanda Statutes 14. I hereby certify that the information supplied with this

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