


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

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # A93000000830                |  |
| 1. Entity Name<br>PORTA HOLDINGS, LTD. |   |

|   |   |
|---|---|
| Principal Place of Business<br>13925 58TH STREET N.<br>CLEARWATER, FL 33760 | Mailing Address<br>13925 58TH STREET N.<br>CLEARWATER, FL 33760 |
|---|---|



|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                   |                   |
|-------------------|-------------------|
| Suite, Apt #, etc | Suite, Apt #, etc |
|-------------------|-------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

04192004 Chg-LP CR2E003 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3195436 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                  |  |
|----------------------------------|--|
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
|----------------------------------|--|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent                |  |
| WOHLWEND, BETH<br>13925 58TH STREET N.<br>CLEARWATER, FL 33760 |  |

|  |             |
|--|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name   |             |
| 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 accept the obligations of registered agent.

|           |      |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

|  |   |
|--|---|
| 9. Capital Contributions as Shown on record. \$12,301,800.00 | 10. Amount of Capital Contributions 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. GENERAL PARTNER INFORMATION |                                | 13. ADDRESS CHANGES ONLY |  |
|---------------------------------|--------------------------------|--------------------------|--|
| DOCUMENT #                      | P93000056239                   | STREET ADDRESS           |  |
| NAME                            | PORTA HOLDINGS II, INC.        | CITY - ST - ZIP          |  |
| STREET ADDRESS                  | 17755 U.S. 19 NORTH, SUITE 150 |                          |  |
| CITY - ST - ZIP                 | CLEARWATER, FL 34624           |                          |  |
| DOCUMENT #                      |                                | STREET ADDRESS           |  |
| NAME                            |                                | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                                |                          |  |
| CITY - ST - ZIP                 |                                |                          |  |
| DOCUMENT #                      |                                | STREET ADDRESS           |  |
| NAME                            |                                | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                                |                          |  |
| CITY - ST - ZIP                 |                                |                          |  |
| DOCUMENT #                      |                                | STREET ADDRESS           |  |
| NAME                            |                                | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                                |                          |  |
| CITY - ST - ZIP                 |                                |                          |  |

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 05/07/04-80031-018 535.00

STAPLE CHECK HERE

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 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: <i>Beth Wohlwend</i>                                | BETH WOHLWEND | 4/18/04 | 727 524-1833    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER |               | Date    | Daytime Phone # |