


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

| | | | |
|---|--|---|---|
| DOCUMENT # A94000000829 | |  | |
| 1. Entity Name TELCOM SYSTEMS, LTD. | | | |
| Principal Place of Business 455 N. FLORIDA AVE 450 NE 1st Road HOMESTEAD FL 33030-6134 US | | Mailing Address 455 N. FLORIDA AVE 450 NE 1st Road HOMESTEAD FL 33030-6134 US | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent TELCOM SYSTEMS, INC. 455 N. FLORIDA AVE 450 NE 1st Road HOMESTEAD FL 33030-6134 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 4. FEI Number 65-0502601 Applied For Not Applicable | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | |
| 9. Capital Contributions as Shown on record. \$250,000.00 | | 10. Amount of Capital Contributions in FLORIDA to date. | |
| 11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE 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 | | 13. ADDRESS CHANGES ONLY | |
| DOCUMENT # | K89099 | STREET ADDRESS | |
| NAME | TELCOM SYSTEMS, INC. | CITY-ST-ZIP | 400027915034 01/30/04--01019--004 **158.75 |
| STREET ADDRESS | 455 N. FLORIDA AVE 450 NE 1st Road | STREET ADDRESS | |
| CITY-ST-ZIP | HOMESTEAD FL 33030-6134 | CITY-ST-ZIP | 400027915034 07/21/04--01094--001 **376.25 |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | STREET ADDRESS | |
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| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| 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: James E. Spisiak <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | Date 01/22/04 Daytime Phone # (305) 245-4511 | |

FILED
04 JUL -8 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

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