2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Apr 19, 2004 08:00 AM Secretary of State

DOCUMENT # A95000001741 1. Entity Name H.B. RIGS, LTD.					Secretary of State			
Principal Place of Business 8700 NORTH KENDALL DR. STE. 102 MIAMI, FL 33176		Mailing Address 8700 NORTH KENDALL DR. STE. 102 MIAMI, FL 33176						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt #, etc.		Suite, Apt. #, etc.			01092004	Chg-LP	CR2E003 (10/03)
City & State		City & State			4. FEI Number 65-0620	806	<u> </u>	Applied For Not Applicable
Zip Country		Zip	Country			Status Desired		75 Additional Required
6. Name and Address of Current Registered Agent			**		7. Name and Address of New Registered Agent			
LEVINE, GEORGE A 8700 NORTH KENDALL DR. STE. 102				Name Street Address (P.O. Box Number is Not Acceptable)				
	City	FL Zip Code						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions at 5 ages 200, 200, 100. Amount of Capital Contributions at 5 ages 200, 200, 200, 200, 200, 200, 200, 200				butions		<u> </u>	DATE	
as Shown on record.		in FLORIDA I	(1	UST BE REGIS		TIVE WITH TH	IIS OFFICE.	
NOT	E: General Partners M	AY NOT be changed or	n the forn	ı; an amendmei	it must be filed	to change a g	eneral partner	<u> </u>
12. DOCUMENT / P950000	GENERAL PARTNI	ER INFORMATION	13.			ADDRESS CHA	ANGES ONLY	·
NAME H.B. RIGS, INC. STREET ADDRESS 8700 NORTH KENDALL DR., STE. 102				EET ADDRESS				
CITY-SI-ZIP MIAMI, FL 33176			SRY	/-ST-ZIP	U9999131392 			
NAME STREET ADDRESS	Æ			EET ADDRESS				
City-st-zip Document #				f-ST-ZIP	····			
NAME STREET ADDRESS				EET ADORESS		<u> </u>		
CITY-ST-ZIP DOCUMENT #			CITY	(+ST-ZIP				
NAMI. STREET ADDRESS			\$1 8	EET ADDRESS				
GITY-ST-ZIP			CSID	Y-ST-ZIP		· -		
NAME			RIZ	EET ADORESS	<u></u>			· · · ·
CITY-ST-ZIP		<u> </u>	CID	7-51-7IP				,- -
NAME			STR	EET ADDRESS	···		 .	
CXTY- ST- ZIP				r-st-zip				
STREET ADDRESS GITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CLIY-ST-ZIP	the information supplied w oort is true and socurate ar se empowered to execute	ith this filing does not quality no that my signature shall he tye report as required by Ci	cin sta can	(-S1-ZIP EET ADDRESS (-ST-ZIP	ection 119.07(3)(i) made under oath,	, Florida Statutes. that I am a Generi	t further certif al Partner of th	yt