2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SIGNATURE: >

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DOCUMENT # A95000002037 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name ROMAR GROUP, LTD. 04 JAN 13 AM 10: 12 Mailing Address Principal Place of Business %DANIEL A BARR, EA, %DANIEL A BARR, EA, 8220 STATE ROAD 84, #200 8220 STATE ROAD 84, #200 **DAVIE, FL 33324** DAVIE, FL 33324 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01052004 CB2E003 (10/03) Chg-LP Applied For City & State 4. FEI Number City & State 65-0628997 Not Applicable Zip Country Zip 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 DANIELS, NICHOLAS M Street Address (P.O. Box Number is Not Acceptable) THERREL BAISDEN MEYER & WEISS ONE SE THIRD AVE #2400 MIAMI, FL 33131 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. DATE 10. Amount of Capital Contributions 9. Capital Contributions \$11,735,138.00 in FLORIDA to date. 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT # P95000096874 STREET ADDRESS NAME MURO, INC. 8220 STATE ROAD 84, SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE, FL 33324 500026882945 DOCUMENT # STREET ADDRESS 01/13/04--01087--012 **526. NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAMÉ 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 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

AS PRESIDENT OF CORPORATE

Daytime Phone #