


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
FEB -2 AM 10:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A95000002050					
1. Entity Name CARRIER GROUP, LTD.					
Principal Place of Business 4208 N. 31ST AVENUE #1 HOLLYWOOD, FL 33021			Mailing Address 4208 N. 31ST AVENUE #1 HOLLYWOOD, FL 33021		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01092004 Chg-LP CR2E003 (10/03)	
4. FEI Number NOT APPLICABLE			Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DANIELS, NICHOLAS M ONE SE 3RD AVE., STE. 2400 MIAMI, FL 33131			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$4,375,029.00		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 #	P95000097020		STREET ADDRESS		
NAME	GCA NOR-CAR, INC.		CITY-ST-ZIP	800028011268	
STREET ADDRESS	4208 N. 31ST AVENUE #1			02/02/04--01054--003 **535.00	
CITY-ST-ZIP	HOLLYWOOD, FL 33021				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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DOCUMENT #			STREET ADDRESS	M THOMAS	
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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:		<i>Charles N. Keene</i> CHARLES N. KEENE CPA		1/28/04 (954) 985-1120	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE