
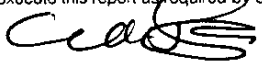


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 JAN 27 AM 9:18

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		01052005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-0649233 NOT APPLICABLE	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DANIELS, NICHOLAS M ONE SE 3RD AVE., STE. 2400 MIAMI, FL 33131				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 _____ <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	
STREET ADDRESS	4208 N. 31ST AVENUE #1			STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33021			CITY-ST-ZIP	
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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: 				CHARLES N. KEYE 1/26/05 (954) 985-1120	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	

STAPLE CHECK HERE

Handwritten initials

