2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

May 04, 2004 08:00 AM Secretary of State **DOCUMENT # A96000000542** THE BRYON FAMILY LIMITED PARTNERSHIP, LTD. Principal Place of Business Mailing Address 145 N.E. 1ST STREET 145 N.E. 1ST STREET MIAMI, FL. 33132 MIAMI, FL 33132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 04292004 CR2E003 (10/03) Chg-LP Applied For City & State 4. FEI Number City & State 65-0725024 Not Applicable \$8.75 Additional Country Zεο Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BYRON, MIGUEL L Street Address (P.O. Box Number is Not Acceptable) 145 NE 1ST STREET MIAMI, FL 33132 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 9. Capital Contributions 10. Amount of Capital Contributions \$150,000.00 as Shown on record in FLORIDA to date \$ 150.000 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. P96000017656 DOCUMENT# STREET ANDRESS JEWELTECH INTERNATIONAL, INC. NAME STREET ADDRESS 145 N.E. 1ST STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33132 DOCUMENT # STREET ADDRESS 1000000159192 NAME 05/10/04-80019-024 526.25 STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-20 CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS STAPLE CHECK NAME STREET ADDRESS CHY-ST-ZP CUA-21-Yb DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 emportered to execute this report as recuired by Chapter 620, Florida Statutes Migue 305-379-7161 SIGNATURE: : E AUD TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER. Date

FILED