

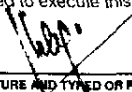


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000000617</b>					
1. Entity Name <b>LINSA, LTD.</b>					
Principal Place of Business <b>7280 WEST PALMETTO PARK ROAD, SUITE 306-N BOCA RATON, FL 33433</b>		Mailing Address <b>7280 WEST PALMETTO PARK ROAD, SUITE 306-N BOCA RATON, FL 33433</b>			
2. Principal Place of Business		3. Mailing Address		 <b>04212004 Chg-LP CR2E003 (10/03)</b>	
Suite, Apt #, etc		Suite Apt #, etc			
City & State		City & State			
Zip		Country			
4. FEI Number <b>65-0656383</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BEAVER PROPERTIES, INC. 7280 W. PALMETTO PARK RD. STE. 306N BOCA RATON, FL 33433</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <b>FL</b> 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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small> DATE _____					
9. Capital Contributions as Shown on record <b>\$2,220,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date <b>\$1,241,198.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000013800			STREET ADDRESS	
NAME	KASSIS HOLDINGS, INC.			CITY - ST - ZIP	
STREET ADDRESS	7280 WEST PALMETTO PARK ROAD, SUITE 306-N				
CITY - ST - ZIP	BOCA RATON, FL 33433				
DOCUMENT #				STREET ADDRESS	
NAME				CITY - ST - ZIP	
STREET ADDRESS					
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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: 		Joseph Sabga		04/27/2004 (561)392-2777	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #	

STAPLE CHECK HERE