2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

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DOCUMENT # A96000000689 SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name ROMDAK ASSOCIATES, LTD. 04 MAR 10 PM 1: 33 Mailing Address Principal Place of Business 315 FAIRWAY COURT ATLANTIS FL 33462 315 FAIRWAY COURT ATLANTIS FL 33462 2. Principal Place of Business 3. Mailing Address P.O.BOX 244 103 4197 PINE CONE LANE Suite, Aps. #, etc CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 65-0657285 BOUNTON BEACH: FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEIMER, ROLF ERNST Street Address (P.O. Box Number is Not Acceptable) 315 FAIRWAY COURT ATLANTIS FL 33462 City 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 000031587890 04/01/04--01007--007 **141.25 the obligations of registered agent. SIGNATURE -Signature, typed or printed name of registered agent and title if applicable. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$400.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. DOCUMENT # STREET ADDRESS NAME WEIMER, ROLF ERNST 315 FAIRWAY COURT STREET ADDRESS CITY-ST-7IP ATLANTIS FL 33462 CITY-ST-7IP DOCUMENT # STREET ADDRESS WEIMER, DORIS E NAME STREET ADDRESS 315 FAIRWAY COURT CITY-ST-ZIP CITY-ST-ZIP ATLANTIS FL 33462 DOCUMENT # STREET ADDRESS NAME SETCHELL; ANN S---STREET ADDRESS 315 FAIRWAY COURT CITY-ST-ZIP BOUNTON BEACH, FL CITY-ST-ZIP ATLANTIS FL 33462 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DOCUMENT #** STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CTY-ST-7IP 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