

SIGNATURE:

2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

Apr 01, 2004 08:00 AM Secretary of State DOCUMENT # A97000001484 RODAR EQUIPMENT, LTD. Principal Place of Business Mailing Address 2601 E. SECOND AVE 2601 E. SECOND AVE TAMPA, FL 33605-5503 TAMPA, FL 33605-5503 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052004 Chg-LP CR2E003 (10/03) 4. FEI Number Applied For City & State City & State 59-3448518 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired \Box 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOEGLER, STEVEN C 9995 GATE PARKWAY NORTH Street Address (P.O. Box Number is Not Acceptable) SUITE 400 JACKSONVILLE, FL 32246 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable 9. Capital Contributions Amount of Capital Contributions in FLORIDA to date. \$2,000,000.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13, 12. P97000047714 DOCUMENT # STREET ADDRESS NAME RODAR UPCHARGE, INC. STREET ADDRESS 2601 E. SECOND AVE CITY-ST-782 U000000104704 04/06/04-80023-008 526.25 CITY-ST-ZIP TAMPA, FL 336055503 DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P CRY-ST-ZIP DOCUMENT # STREET ADDRESS HAME STREET ADDRESS CTTY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP CHY-ST-ZP BOCUMENT # STREET ADDRESS NAME STREET ANDRESS 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 certify 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

HE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED