FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

| | | | | | |
|---|--|--|--|--|--|
| LIMITED PARTNERS ANNUAL REPUBLICATION 1998 | DIVISION OF C | or cant | SECRE DIVISION | FILED TARY OF STATE OF CORPORATIONS | |
| 1. Name of Limited Partnership | 1a. DOCUMENT# | | 98 FER | 98 FEB -4 PM 3: 22 | |
| TITAN EQUIPMENT, LTD. | A97000002887 | | | 4 rn 3: 22 | |
| Mailing Address | Phoropal Office Address | | 3, Dale Formed or Registered 12/24/97 | 5a. Cabital Contributions as Snown on record \$100.00 | |
| 2. Mailing Address | 2a. Principal Office Address | | 3a. Date of Last Report 4. State or Country of Formation Florida | 5b. Amount of Capital Contributions in FLORIDA to date: \$0.00 | |
| P.O. Box 901309 Suite, Apt. #, etc | P.O. Box 901309 Suite Apt. #, etc. | | 6. FEI Number | | |
| City & State | City & State | | | Applied For Not Applicable | |
| Homestead, FL Zip Country | Homestead, FL | Country | 7. Certificate of Status Dosired | \$8.75 Additional Fee Required | |
| 33090 | 33090 | | 8. Make check payable to Dept. o | State (See reverse side for fee information) | |
| 9. Name and Address of Cur | rent Registered Agent | Name | 10. If changed, now Registere | d Agent/Office | |
| 17961 S.W. 272 Street Homestead, Florida 330 10a. Pursuant to the provisions of sections 620 105 for the purpose of changing its registered office agont it am familiar with, and accept the oblige | 1 and 620-192, Florida Statutes, the above-nam o or registered agent, or both, in the State of Fl | Suite, Apt. #, etc. City red limited partnership orida. Such change wa | P.O. Box Number is Not Acceptable) organized or registered under the laws of the acceptable of the laws of the la | FL Zip Code he State of Florida, submits this statement reby accept the appointment of registered | |
| SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THA MU | | | ARTNERSHIP OR OTHE WITH THIS OFFICE. | | |
| 11. Name(s) of General Partner(s) | 11a. Address of Each Gene (Do NOT Use Post Office B | ral Partner Box Numbers) 11 | b. City, State & Zip Code | 11c. Registration/ Document Number | |
| Titan Management, Inc. | 17961 S.W. 272nd | Street H | omestead, FL 33031 | P97000108199 | |
| | | | 800002 | 24217582 | |
| Note: General partners MAY N | OT be changed on this for | m; an amend | ment must be filed to ch | ange a general partner. | |
| 12. I do hereby certily that the information supplied v Corporations from any liability of non-compliance this annual report is true and accurate and that n empowered to execute this report as required by | with Section 119 07(3)(k) in the event that the hy signature shall have the same legal effects a | information supplied is | s deen on exempt from public access. I furt I fur - er certify that I am a General Partner o | ner certify that the information indicated on if the limited partnership, receiver or trustee | |
| SIGNATURE Jefa | my Soucise | | DATE | 1 30 98 05) 248-4644 | |
| Typed or Printed Name of General Partner Signing Form | Tiffany Torcise | <u> </u> | Daytime Telephone Number | 00) 248- 4644 | |

A97000002887

| • ~ | ~~ | **** | 330 | |
|-----|----|------|-----|--|
| ΑU | CU | UNI | NO. | |

072100000032

REFERENCE

693536

4303929

AUTHORIZATION

COST LIMIT :

ORDER DATE: February 4, 1998

ORDER TIME :

10:42 AM

ORDER NO. :

693536-005

CUSTOMER NO:

4303929

CUSTOMER: Ms. Jazmine Roman Greenberg Traurig 1221 Brickell Avenue

Miami, FL 33131

ANNUAL REPORT FILING

NAME:

TITAN EQUIPMENT, LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrew Cumper

EXAMINER'S INITIALS: