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

SIGNATURE:

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## FILED **DOCUMENT # A98000001133** Sep 17, 2004 08:00 AM Secretary of State 1. Entity Name RTA INVESTMENTS, LTD. Principal Place of Business Mailing Address **50 LADOGA 50 LADOGA** TAMPA, FL 33606 TAMPA, FL 33606 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03252004 Chg-LP CR2E003 (10/03) Applied For City & State City & State 4. FEI Number 59-3508678 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AGIA, RAYMOND T Street Address (P.O. Box Number is Not Acceptable) 50 LADOGA TAMPA, FL 33606 Zip Code City FI. 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 \$3,000,000.00 as Shown on record. in FLORIDA to date. 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 12. DOCUMENT# STREET ADDRESS AGIA, RAYMOND T NAME STREET ADDRESS 50 LADOGA CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33606 U00000172284 <del>09/17/04-00001-016-528.25</del> DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **COCUMENT#** STREET ADDRESS NAME STREET ADDRESS CITY ST - ZIP CITY-ST-7IP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP OCCUMENT# 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 employered to execute this report as equired by Chapter 620, Florida Statutes

NAME OF SIGNING GENERAL PARTNER