2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

| | DOCUMENT # A9800001195 1. Entity Name NITRAM PARTNERS, LTD. | | | | FILED 04 JUN - 4 PM 3: 42 | |
|----------------------|---|---|---|----------------|--|-----------|
| | Principal Place of Business Mailing Address 2101 CORPORATE BLVE. 2101 CORPORATE BLVE. SUITE 107 SUITE 107 BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business 3. Mailing Address | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| | Suite, Apt. | 2 SM 84 715 | Suite, Apt. #, etc. | SPECIED 4 | 04202004 Chg-LP CR2E003 (10/03) | |
| | Cityl & State Milemi PC | | City & State | FWRIBA | 4. FEI Number Applied For 59-2746476 Not Applicate | ole |
| | Zip 331 | 43 Country | त्रह <i>े बार</i> हे | CountryUSA | 5. Certificate of Status Desired \$8.75 Additional | |
| | | | Current Registered Agent | | 7. Name and Address of New Registered Agent | \exists |
| Į. | BURELL & ASSOCIATES 3006 AVIATION AVENUE, STE. 3A MIAMI, FL 33183 | | | Name | | |
| | | | | Street Address | ss (P.O. Box Number is Not Acceptable) | \Box |
| | | | | 64 | 165 SW 84 STREET | \neg |
| | | ٠ | | City M | NAMI FL FL Zip Set 166 | _ |
| | 8. The above named entity submits this statement or the purpose of shanging is 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. | | | | | |
| | 9. Capital Contributions as Shown on record: \$3,000,000.00 10. Amount of Capital Contributions in FLORIDA to date. | | | | | |
| | A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIST NOTE: General Partners MAY NOT be changed on the form; an amendment | | | | | |
| * 31APLE CHECK HERE. | 12. GENERAL PARTNER INFORMATION | | | 13. | ADDRESS CHANGES ONLY | \equiv |
| | DOCUMENT # NAME | T# P97000073872 NITRAM HOLDINGS, INC. | | STREET ADDRESS | 6465 SW 84 STREET | |
| | STREET ADDRESS CITY-ST-ZIP | DRESS 2127 BRICKELL AVE., PENTHOUSE 3602 | | OTT 07 212 | MIAMI F. 33143 | |
| | DOCUMENT # NAME | | | STREET ADDRESS | | |
| | STREET ADDRESS CITY-ST-ZIP | TREET ADDRESS | | CITY-ST-ZIP | | |
| | DOCUMENT # | , | | STREET ADDRESS | 100027040001 | |
| | NAME STREET ADDRESS CITY-ST-ZIP | - | • | CITY-ST-ZIP | 06/10/0401047023 **\$26.25 | |
| | DOCUMENT # | | | STREET ADDRESS | | |
| | NAME STREET ADDRESS CITY-ST-ZIP | | : . | CITY-ST-ZIP | · . | _ |
| | DOCUMENT # | | | STREET ADDRESS | | |
| | NAME Street Address | . : | | | <u> </u> | \dashv |
| | CITY-ST-ZIP | · | , b | CITY-ST-ZIP | | |
| | DOCUMENT # NAME | | | STREET ADDRESS | | |
| | STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | 1 | |
| | 14. I hereby of indicated the receiv | URE: + 4 | olfd with this filing does not flualify for atte and that mysionature shall have it secure this reported requively to Chapte the state of the state | | Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnership. 4 39 2004 Date Dayline Phone # | or |