

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

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000002307</b>					
<b>1. Entity Name</b> ORVIS INVESTMENT, LTD.					
<b>Principal Place of Business</b> 1528 SEVILLA AVENUE CORAL GABLES, FL 33134			<b>Mailing Address</b> 1528 SEVILLA AVENUE CORAL GABLES, FL 33134		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc			Suite, Apt. #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		City & State	
<b>4. FEI Number</b> 65-0870071				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
GARCIA-FRUTOS, JOSE M 1528 SEVILLA AVENUE CORAL GABLES, FL 33134			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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</b>					
<b>SIGNATURE</b> _____ <small>Signature typed or printed name of registered agent and title if applicable</small> <span style="float: right;"><b>DATE</b> _____</span>					
<b>9. Capital Contributions as Shown on record</b> \$1,000,000.00			<b>10. Amount of Capital Contributions in FLORIDA to date</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P98000085532 ORVIS INVESTMENT, INC. 1528 SEVILLA AVENUE CORAL GABLES, FL 33134		<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	_____ _____	
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	_____ _____ _____ _____		<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	_____ _____	
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	_____ _____ _____ _____		<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	_____ _____	
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	_____ _____ _____ _____		<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	_____ _____	
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	_____ _____ _____ _____		<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	_____ _____	
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	_____ _____ _____ _____		<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	_____ _____	
<b>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</b>					
<b>SIGNATURE:</b> <u>Jose M. Garcia</u> <b>JOSE M. GARCIA</b>			3/15/04 305.661.7191		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

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