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

FILED **DOCUMENT # A98000002626** 04 JAN 21 AM 10:53 CROMBET, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 350 EAST LAS OLAS BLVD., SUITE 1420 350 EAST LAS OLAS BLVD., SUITE 1420 FORT LAUDERDALE, FL 33301: FORT LAUDERDALE, FL 33301 2. Principal Place of Susiness 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132004 CR2E003 (10/03) Chg-LP City & State City & State 4. FEI Number Applied For 65-0878718 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, RAMON A Street Address (P.O. Box Number is Not Acceptable) 350 EAST LAS OLAS BLVD., SUITE 1420 FORT LAUDERDALE, FL=33301:, , 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 if applicable. DATE 10. Amount of Capital Contributions 9. Capital Contributions \$990.00 in FLORIDA to date. as Shown on record. 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY P98000098219 DOCUMENT € STREET ADDRESS NAME CROMBET, INC. STREET ADDRESS 350 EAST LAS OLAS BLVD., SUITE 1420 CITY-ST-ZIP CHY-S1-218 FORT LAUDERDALE, FL 33301 DOCUMENT # ---032 **141.25 01/21/04-01087 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-28P *DOCUMENT # * STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS STHEET ADDRESS CITY-ST-202 CITY-ST-ZIP DOCUMENT ₹ STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE DOCUMENT # STREET ADDRESS NAME STREET ACCRESS CITY-ST-ZiP CITY-ST-719 14. Thereby 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 eath; 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 RAMON A. PODRIGUEZ 1/13/04 202-8600 WE OF SIGNEY OF CROWDST, INC. HE GENERAL PARTNER PROTECTION VIA CERTIFIED MAIL # 6593 0668 SIGNATUR(E)