

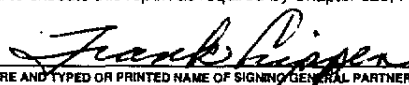


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000001059</b> 1. Entity Name <b>FRANDOR, LTD.</b>					
Principal Place of Business <b>13662 DEERING BAY DRIVE</b> <b>CORAL GABLES, FL 33158</b>			Mailing Address <b>13662 DEERING BAY DRIVE</b> <b>CORAL GABLES, FL 33158</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country			
04302004      Chg-LP      CR2E003 (10/03)				4. FEI Number <b>65-0907194</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CRIPPEN, FRANK</b> <b>13662 DEERING BAY DRIVE</b> <b>CORAL GABLES, FL 33158</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$4,700,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<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>		
DOCUMENT #	P99000022851		STREET ADDRESS		
NAME	FRANDOR, INC.		CITY - ST - ZIP		
STREET ADDRESS	13662 DEERING BAY DRIVE		CITY - ST - ZIP		
CITY - ST - ZIP	CORAL GABLES, FL 33158		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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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>SIGNATURE:</b> 			5/1/04      205-2381042 <small>Date      Daytime Phone #</small>		

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