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

STAPLE

SIGNATURE:

## FILED Mar 25, 2004 08:00 AM Secretary of State **DOCUMENT # A99000001149** 1. Entity Name TRG-SSDI, LTD. Principal Place of Business Mailing Address 2828 CORAL WAY, PENTHOUSE SUITE 2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145 MIAMI, FL 33145 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 03012004 CR2E003 (10/03) Cho-LP City & State City & State 4. FEI Number Applied For 65-0933796 Not Applicable Country Zip Country Zis \$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 HERNANDEZ, ANGEL Street Address (P.O. Box Number is Not Acceptable) 2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145 City 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 Forida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 16. Amount of Capital Contributions 9. Capital Contributions 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. P99000062738 OCCUMENT # STREET ADDRESS NAME TRG-SSDI, INC. 2828 CORAL WAY, PENTHOUSE SUITE STREET ADDRESS CITY-ST-ZIP U00000102637 U4/05/U4-80023-U11 ISO.00 CITY-ST-ZIP MIAMI, FL 33145 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City-St-Zip CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P City-SY-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS City-ST-ZiP CITY-ST-ZIP DOCUMENT # STREET ADORESS NAME STREET ADDRESS C(TY-ST-ZIP CITY-SY-ZIP DOCUMENT # STREET ADDRESS HAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

ANGEL HERNANDEZ VICE-PRESIDENT

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER