

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED


04 OCT -5 PM 3:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



07262004 Chg-LP CR2E003 (10/03) 10/5

DOCUMENT # B01000000242 1. Entity Name LIFEGAS, LTD.	
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Principal Place of Business 1500-C INDIAN TRAIL ROAD NORCROSS, GA 30093	Mailing Address 1500-C INDIAN TRAIL ROAD NORCROSS, GA 30093
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 6055 Rockside Woods Blvd. Suite, Apt. #, etc.
City & State	City & State Independence, OH
Zip Country	Zip Country 44131 US

4. FEI Number 74-2931664	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$270,000.00	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F93000005143 HOLOX, INC. 1500-C INDIAN TRAIL ROAD NORCROSS, GA 30093	STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

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

SIGNATURE: *Mark D. Weller* **Mark D. Weller** Asst. Secretary of Holox, Inc. **216-642-6600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #