2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

SECRE LARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # B02000000029** 05 JUN 27 AM 10: 02 1. Entity Name CARÓTRONICS, LP Principal Place of Business Mailing Address 3110 HAYES ROAD, SUITE 300 3110 HAYES ROAD, SUITE 300 HOUSTON, TX 77082 HOUSTON, TX 77082 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06212005 Chg-LP CR2E003 (10/03) 4. FEI Number City & State City & State Applied For 76-0419117 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Cartificate of Statije Designed Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zin 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 Sgnature, typed or privide name of registered agent and tale if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions 11. \$50,000.00 838.75 as Shown on record. in FLORIDA to date. 50,000.00 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 13. F02000000504 DOCUMENT **#** STREET ADDRESS CARDTRONICS GP, INC. NAME 3110 HAYES ROAD, SUITE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOUSTON, TX 77082 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 500056701745 06/29/05--01057--014 \*\*83 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS CHECK NAME STREET ADDRESS CITY-ST-7P CFTY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.