


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 FEB 27 AM 9:25

DOCUMENT # B92000000020		
1. Entity Name ORIOLE HOLDINGS, L.P., LTD.		

Principal Place of Business % CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	Mailing Address % BRANNEN/GODDARD CO. 3390 PEACHTREE ROAD NE, SUITE 1200 ATLANTA, GA 30326
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02132004 Chg-LP CR2E003 (10/03)

4. FEI Number 13-3686021		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

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

9. Capital Contributions as Shown on record. \$1,805,540.00	10. Amount of Capital Contributions in FLORIDA to date \$1,888,642
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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	P41118 KT MANAGEMENT CORP. C/O MAX-PLANCK-STRASSE 8, D-6909 WALLDORF/BADEN, GERMANY,	STREET ADDRESS 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

SIGNATURE: 	2/18/04	415 788 4823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		
Date	Daytime Phone #	

STAPLE CHECK HERE