2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # B92000000020

 Entity Name ORIOLE HOLDINGS, L.P., LTD.



Principal Place of Business

% CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 Mailing Address

ATTN: P.G. LAWSON 9601 WILSHIRE BLVD., SUITE 220 BEVERLY HILLS, CA 90210

FILED Apr 09, 2008 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

01022008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 13-3686021 Applied For Not Applicable

5. Certificate of Status Desired

1

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

8.	The above named entity submits this statement for the purpose of changing its registered office or re	egistered agent, or both.	in the State of Florida	Lam familiar with, and accept
	the obligations of registered agent.			
			UDBORDSS	39040

SIGNATURE ____

Signature, typed or printed name of registered agent and title if applicable

- 04/22/00-00003-004-.508.75

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00

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		
DOCUMENT #	P41118		
NAME	KT MANAGEMENT CORP.		
STREET ADDRESS	C/O MAX-PLANCK-STRASSE 8, D-6909		
CHY-ST-ZIP	WALLDORF/BADEN, GERMANY,		
DOCUMENT #			
NAME			
STHELT ADDRESS			
CITY-ST-ZIP			
DOCUMENT >			
NAMŁ			
STREET ADDRESS			
CITY-S1-ZIP			
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT /			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
44 1 5 5 5 5 5			

DO NOT WRITE
IN THIS SPACE

14. I hereby certify that the information supplied with this filing goes not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my definitive 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:

SIGNATURE AND TYPE OF SPINATED NAME OF SIGNAL CONTROL BASTIS

3/24/08

4154356600

Date

Daytime Phone #