2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

SIGNATURE

FILED Apr 26, 2005 08:00 AM Secretary of State DOCUMENT # B93000000421 1. Entity Name ESPRIX TECHNOLOGIES, L.P. Mailing Address Principal Place of Business 7680 MATOAKA ROAD SARASOTA FL 34243 7680 MATOAKA RÖÄÐ SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) Applied For City & State City & State 4. FEI Number 04-3202341 Not Applicable Country \$8,75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current 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 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. .11. FILE NOW!!! Due by May 1, 2005. SIGNATURE Signature, lyped of printed name of registered again and little if applicable Seë Block 11 instructions for fee info. DATE 19. Amount of Capital Contributions 9. Capital Contributions \$4,000.00 in FLORIDA to date. 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 12. DOCUMENT # F93000004433 STREET ADDRESS ESPRIT CHEMICAL CORP. NAME 7680 MATOAKA RD. STREET ADDRESS City-St-ZIP CITY-ST-7IP SARASOTA FL 34243 U00000331882 DOCUMENT # 04/26/05-80040-003 141.25 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-51-719 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CUY-SI-71P 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

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