## 2004 \_. MITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

## FILED Apr 23, 2004 08:00 AM Secretary of State

| DOCUMENT # A0000000659  1. Entity Name GLYNN COUNTY PARTNERS, LTD.  |   |  |              |                         |           |  |  | 56                                       | ci etai y                              | of State                                       |
|---|---|--|--------------|-------------------------|-----------|--|--|--|--|--|
| Principal Place of Business Mailing Address 1551 SANDSPUR ROAD P.O. BOX 49 MAITLAND, FL 32751 ORLANDO, F.   |   |  |              |                         |           |  | 1<br>                                    |  |  |  |
| 2. Principal Place of Business  |   |  |              | 3. Mailing Address      |           |  |  |  |  |  |
| Suite, Apt #, etc.  |   |  | S            | Suite, Apt. #, etc      |           |  | 03302004                                 | Chg-LP                                   | CR2E003 (                              | (10/03)  |
| City & State  |   |  | -   0        | City & State            |           |  | 4. FEI Number 58-25371                   | 164                                      |  | Applied For<br>Not Applicable                  |
| Zip   |   | Country  | Z            | ip                      | Coun      | itry   | 5. Certificate of                        | Status Desired                           |  | 75 Additional<br>Required                      |
| 6. Name and Address of Current Registered Agent   |   |  |              |                         |           | Name   | 7. Name and A                            | ddress of New R                          | egistered Ager                         | nt   |
| B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE SUITE 1100 ORIGANIDO EL 23901   |   |  |              |                         |           | Street Address (P.O. Box Number is Not Acceptable) |  |  |  |  |
| ORLANDO, FL 32801   |   |  |              |                         |           | 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. |   |  |              |                         |           |  |  |  |  |  |
| CIONATURE   |   |  |              |                         |           |  |  |  |  |  |
| 9. Capital Contributions as Shown on record.  \$6,016,948.00  10. Amount of Capital Contributions in FLORIDA to date  |   |  |              |                         |           |  |  |  | OA-E                                   |  |
|   |   | GENERAL PARTN : General Partners   |              |                         |           |  |  |  |  | r.   |
| 12.<br>DOCUMENT #   | L0000000                                | GENERAL PAR  | TNER INFO    | RMATION                 |           |  | ADDRESS CH                               | ANGES ONLY                               |  |  |
| NAME<br>STREET ADDRESS  | IAME CED CAPITAL HOLDINGS 2000          |  |              | C.                      | STA       | EE1 ADDRESS  |  |  |  |  |
| CITY-ST-ZIP MAITLAND, FL 32751  |   |  |              |                         | CiT       | r·SI·ZIP   |  |  |  |  |
| OOCUMENT #<br>NAME  |   |  |              |                         | SIR       | EET ADDRESS  |  | — <u></u>                                | <del>na i seesa</del>                  |  |
| STREET ADDRESS<br>CITY - ST - ZIP   | 5                                       |  |              |                         | Cit       | Y-S1-21P   | 00000136632<br>04/29/04-80014-007 526.25 |  |  |  |
| DOCUMENT #<br>NAME  |   |  |              |                         | STR       | LET ADDRESS  |  |  | -                                      |  |
| STREET ADDRESS<br>CITY -ST -ZIP   |   |  |              |                         | CIT       | Y-ST-ZIP   |  |  |  |  |
| DOCUMENT #<br>NAME  |   |  |              |                         | SIA       | IEET ADDRESS                                       |  |  |  |  |
| STREET ADDRESS<br>CITY+\$T+ZIP  |   |  |              |                         | CiT       | Y-\$T-ZIP  |  |  |  |  |
| DOCUMENT #  |   | ·  |              |                         | SIF       | REET ADDRESS                                       |  |  |  |  |
| STREET ADDRESS<br>CITY ST ZIF   |   |  |              |                         | CH        | Y-SI ZIP   |  |  |  |  |
| DGCUMENT ≠<br>NAME  |   |  |              |                         | SIF       | REET ADDRESS                                       |  |  |  |  |
| STREET ADDRESS<br>CITY ST-ZIP   |   |  |              |                         | CIT       | Y-SI-ZIP   |  |  |  |  |
| By: CED (   | on this repliver or truste<br>(apital f | ne information supplie ort is true and accurate empowered to exect to the control of the control | e and that n | ry cignature shall nave | e the san | ne legal effect as if                              | Section 119.07(3)(i)<br>made under oath; | , Florida Statutes.<br>that I am a Gener | I further certify<br>al Partner of the | that the information<br>limited partnership or |
| SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  Daylor & Prione 2   |   |  |              |                         |           |  |  |  |  |  |