


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A29418</b>		
1. Entity Name CES MANAGEMENT PARTNERS, LTD.		

Principal Place of Business 9500 S. DADELAND BLVD., STE. 603 MIAMI, FL 33156	Mailing Address P.O. BOX 561009 MIAMI, FL 33256-1009
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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



01282004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0167564	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
LEWIS, JOHN M 9500 S. DADELAND BLVD., STE 603 MIAMI, FL 33156	

7. Name and Address of New Registered Agent	
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 if and if applicable

9. Capital Contributions as Shown on record. \$395,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	L37853	STREET ADDRESS	
NAME	KEY CAPITAL GROUP, INC.	CITY - ST - ZIP	
STREET ADDRESS	9500 S. DADELAND BLVD., STE. 603		
CITY - ST - ZIP	MIAMI, FL 33156		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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CITY - ST - ZIP			

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05/03/04-80031-015 526.25

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:** JOHN M LEWIS **JOHN M LEWIS, PRESIDENT** **KEY CAPITAL GROUP INC.** **G.P.** **4/21/2004** **305-670-7812**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE