

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

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A03876**

1. Entity Name  
**CEDAR HILLS, LTD.**



Principal Place of Business  
**6215 WILSON BLVD.**  
**JACKSONVILLE, FL 32210**

Mailing Address  
**P.O. BOX 7779**  
**JACKSONVILLE, FL 32238**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-1563513**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOWERS, JR. CHARLES D.**  
**1301 RIVERPLACE BLVD., STE. 1500**  
**JACKSONVILLE, FL 32207**

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

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

DATE

9. Capital Contributions as Shown on record. **\$445,761.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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  
**TOWERS, JR. CHARLES D.**  
**4579 ORTEGA BLVD.**  
**JACKSONVILLE, FL 32210**

STREET ADDRESS  
 CITY - ST - ZIP

**U00000160198**  
**05/13/04-80011-815-526.25**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
**TOWERS, JEAN B.**  
**4275 BALTIC STREET**  
**JACKSONVILLE, FL 32210**

STREET ADDRESS  
 CITY - ST - ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
**178092**  
**FLORIDA TITLE & PARTNERS, INC.**  
**6215 WILSON BLVD.**  
**JACKSONVILLE, FL 32210**

STREET ADDRESS  
 CITY - ST - ZIP

DOCUMENT #  
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STREET ADDRESS  
 CITY - ST - ZIP

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:**

*A.L. Burger, Jr.*  
**A.L. Burger, Jr.**

**4-30-04**

**904-778-1888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE