2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED AND FILED
04 JUN -7 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A26493

1. Entity Name
CUMBERLAND AVENUE PARTNERS, LTD.

Principal Place of Business	Mailing Address
100 EAST MADISON STREET SUITE 200 TAMPA, FL 33602	100 EAST MADISON STREET SUITE 200 TAMPA, FL 33602

04222004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2951971 ☐ 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
ROWE, RICK D 100 MADISON ST., SUITE 200 TAMPA, FL-33602	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 and title if applicable.

9. Capital Contributions as Shown on record. $609,815.00

10. Amount of Capital Contributions in FLORIDA to date. 793,148 Suff. Filed 05/2004

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 #	M75464	STREET ADDRESS	
NAME	ROWE INVESTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	100 EAST MADISON ST.#200		
CITY-ST-ZIP	TAMPA, FL		
DOCUMENT #		STREET ADDRESS	600036331380L 05/06/04--01039--011 **1814.25
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: RICK D. ROWE 04.30.04 813.221.8771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #
RICK D. ROWE