

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

**FILED**  
Feb 28, 2005 08:00 AM  
Secretary of State

<b>DOCUMENT # A23510</b> 1. Entity Name COTTAGE HILL, LTD.					
Principal Place of Business 516 LAKEVIEW ROAD, VILLA 8 CLEARWATER, FL 33756			Mailing Address 516 LAKEVIEW ROAD, VILLA 8 CLEARWATER, FL 33756		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01272005 Chg-LP CR2E003 (10/03)	
4. FEI Number 59-2804632				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  FLYNN, THOMAS F 516 LAKEVIEW ROAD, UNIT 8 CLEARWATER, FL 33756-3302			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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable)</small>					
9. Capital Contributions as Shown on record \$265,031.00		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	P98000081966 CANTONMENT THREE, INC. 516 LAKEVIEW ROAD, UNIT 8 CLEARWATER, FL 337563302		STREET ADDRESS CITY- ST- ZIP	0000-00246769 02/28/05-80079-015 535.00	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Kevin T. Flynn <b>As Vice-President of Corporate General Partner</b> 2/16/05 727-449-1182		

STAPLE CHECK HERE