

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A29418**

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182005

Chg-LP

CR2E003 (10/03)

4. FEI Number  
**65-0167564**

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

**LEWIS, JOHN M**  
**9500 S. DADELAND BLVD., STE 603**  
**MIAMI, FL 33156**

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. **\$395,000.00**

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 # **L37853**  
 NAME **KEY CAPITAL GROUP, INC.**  
 STREET ADDRESS **9500 S. DADELAND BLVD., STE. 603**  
 CITY- ST- ZIP **MIAMI, FL 33156**

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

**000000361567**  
**05/15/05-80082-006 526.25**

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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: *John M Lewis* JOHN M LEWIS, PRESIDENT, KEY CAPITAL GROUP INC 4/18/2005 305-670-7812**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE DAY, MO, PHONE #

STAPLE CHECK HERE