

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 MAY 18 P 3: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03192004 Chg-LP CR2E003 (10/03)

4. FEI Number **59-3619194** Applied For ☐ Not Applicable

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

DOCUMENT # A00000000111

51. Entity Name
CWC INVESTMENTS, LTD.



Principal Place of Business
**1190 NORTH PARK AVENUE
WINTER PARK, FL 32789**

Mailing Address
**1190 NORTH PARK AVENUE
WINTER PARK, FL 32789**

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

6. Name and Address of Current Registered Agent

**LOWMAN, WILLIAM R JR.
315 EAST ROBINSON STREET, #600
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name
Thomas R. Allen

Street Address (P.O. Box Number is Not Acceptable)
14 E. Washington Street, Suite 600

City
Orlando

State
FL

Zip Code
32801

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 **Thomas R. Allen** **04/29/04**
(Signature, typed or printed name of registered agent and title if applicable) DATE

9. Capital Contributions as Shown on record. **\$10,000,000.00**

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 #	P00000004233	STREET ADDRESS	
NAME	CWC MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	1190 NORTH PARK AVENUE		
CITY-ST-ZIP	WINTER PARK, FL 32789		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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05/18/04--01062--014 **1548.75

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 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: **Charles W. Clayton, Jr.** **4-28-04 (407) 622-0000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE Daytime Phone #

STAPLE CHECK HERE