

\$526.25

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

DOCUMENT # A00000000111

1. Entity Name  
CWC INVESTMENTS, LTD.



FILED

05 MAY -3 PM 3: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

04182005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
59-3619194

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

ALLEN, THOMAS R  
14 E. WASHINGTON STREET, STE 600  
ORLANDO, FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

108 East Hillcrest Street

City

Orlando

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 4-21-05

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 prepare this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

Charles W. Clayton, Jr.

4-21-05

Date

407-620-0000

Daytime Phone

STAPLE CHECK HERE