

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A00000000516

1. Entity Name

SOUTHWEST CDO FUND LIMITED PARTNERSHIP



APPROVED
AND
FILED

04 MAY -4 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

Principal Place of Business C/O ARSENAULT & REARDON, P.A. 10225 ULMERTON ROAD, SUITE 2 LARGO FL 33771		Mailing Address 10225 ULMERTON RD., SUITE 3D LARGO FL 33771	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 455 N Indian Rocks Rd Suite, Apt. #, etc. Suite B	
City & State		City & State Belleair Bluffs FL	
Zip	Country	Zip	Country
		33770	USA

4. FEI Number 59-3632518	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ARSENAULT & REARDON, P.A. 10225 ULMERTON ROAD, SUITE 2 LARGO FL 33771		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 Signature, typed or printed name of registered agent and title if applicable.		DATE
9. Capital Contributions as Shown on record.	\$4,762,932.00	10. Amount of Capital Contributions in FLORIDA to date.
11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		

**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 # NAME STREET ADDRESS CITY-ST-ZIP	P00000027384 SOUTHWEST CDO FUND MANAGEMENT, INC. 10225 ULMERTON RD., #3D LARGO FL 33771	STREET ADDRESS CITY-ST-ZIP	455 N Indian Rocks Rd Suite B / Belleair Bluffs FL 33770
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	600036546746 05/19/04-01035-025 ***526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

William G. Buckler 4/30/04

Date

7275847141

Daytime Phone #