


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

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> A00000000625	
<b>1. Entity Name</b> CPV GULFCOAST, LTD.	

<b>Principal Place of Business</b> 8403 COLESVILLE RD., SUITE 915 SILVER SPRING MD 20910	<b>Mailing Address</b> 8403 COLESVILLE RD., SUITE 915 SILVER SPRING MD 20910
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip	Country



MOORE CR2E003 (11/03)

<b>6. Name and Address of Current Registered Agent</b>  WHITE & CASE LLP 200 SOUTH BISCAYNE BLVD., SUITE 4900 MIAMI FL 33131	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P O Box Number is Not Acceptable) City
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**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** \_\_\_\_\_  
Signature: Typed or printed name of registered agent and title if applicable

<b>9. Capital Contributions</b> as Shown on record. \$10,696,305.86	<b>10. Amount of Capital Contributions</b> in FLORIDA to date. 9,667,624.17	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE</b> <b>SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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	
<b>DOCUMENT #</b>	L00000004009	<b>STREET ADDRESS</b>	
<b>NAME</b>	CPV GULFCOAST LLC	<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>	8403 COLESVILLE RD., SUITE 915		
<b>CITY-ST-ZIP</b>	SILVER SPRING MD 20910		
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	U00000158458
<b>NAME</b>		<b>CITY-ST-ZIP</b>	05/07/04-80022-021 526.25
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			

**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:** \_\_\_\_\_ **4/22/04 240-723-2300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER