

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By September 7, 2005

DOCUMENT # A00000000625	
1. Entity Name CPV GULFCOAST, LTD.	



SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG 15 AM 10:00

Principal Place of Business 8403 COLESVILLE RD., SUITE 915 SILVER SPRING, MD 20910	Mailing Address 8403 COLESVILLE RD., SUITE 915 SILVER SPRING, MD 20910
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

*Handwritten initials*



07012005 Chg-CP CR2E003 (10/03)

4. FEI Number 65-1038846	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
WHITE & CASE LLP 200 SOUTH BISCAYNE BLVD., SUITE 4900 MIAMI, FL 33131	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$10,696,305.86	10. Amount of Capital Contributions in FLORIDA to date. <i>Handwritten symbol</i>
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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	
DOCUMENT #	L00000004009	STREET ADDRESS	
NAME	CPV GULFCOAST LLC	CITY - ST - ZIP	
STREET ADDRESS	8403 COLESVILLE RD., SUITE 915		
CITY - ST - ZIP	SILVER SPRING, MD 20910		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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STREET ADDRESS			
CITY - ST - ZIP			

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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: <i>Handwritten signature</i>	Date: 7/5/05	Daytime Phone #: 240-723-2300
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