


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 30 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000001325 1. Entity Name CLEARVIEW TELEPLACE TAMPA, LTD.	
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Principal Place of Business 6700 CITICORP DRIVE, TAMPA, FL 33619	Mailing Address 2311 CEDAR SPRINGS RD., SUITE 100 DALLAS, TX 75201
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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04262004 Chg-LP CR2E003 (10/03)

4. FEI Number 75-2899802	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 FROST, JEFFREY M ESQ 255 EVERNIA STREET SUITE 904 WEST PALM BEACH, FL 33401	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

9. Capital Contributions as Shown on record. \$5,248,783.00	10. Amount of Capital Contributions in FLORIDA to date. \$5,248,783.00
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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 # NAME STREET ADDRESS CITY-ST-ZIP	M00000001713 CLEARVIEW TELEPLACE TAMPA, L.L.C. 2000 E LAMAR BLVD., SUITE 150 ARLINGTON, TX 76006	STREET ADDRESS CITY-ST-ZIP	2311 Cedar Springs Rd., #100 Dallas, TX. 75201
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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:  **Treasurer, Michael Talkington 4/29/04 (214) 855-0550**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE