


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
AND
FILED

04 APR -2 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000001473 1. Entity Name CATHER PROPERTIES, LTD.	
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Principal Place of Business 1073 ORIENTA AVENUE ALTAMONTE SPRINGS, FL 32701	Mailing Address C/O DEAN, MEAD, ET AL/ATN: S.D. DUNEGAN P.O. BOX 2346 ORLANDO, FL 32802-2346
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2. Principal Place of Business 1 NW Ivanhoe Blvd.	3. Mailing Address 	Suite, Apt. #, etc.
City & State Orlando, FL 32804	City & State 	Zip
Country 	Country 	Country

02112004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3673176	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 CATHER, JOHN M 1073 ORIENTA AVENUE ALTAMONTE SPRINGS, FL 32701	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1 NW Ivanhoe Blvd. City Orlando
	FL Zip Code 32804

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 *John M. Cather* DATE 3-9-04
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$1,000,000.00	
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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.

STAPLE CHECK HERE

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L00000011596	STREET ADDRESS	1 NW Ivanhoe Blvd.
NAME	CATHER MANAGEMENT, LLC	CITY-ST-ZIP	Orlando, FL 32804
STREET ADDRESS	1073 ORIENTA AVENUE		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		
DOCUMENT #		STREET ADDRESS	700032836227
NAME		CITY-ST-ZIP	04/15/04--01018--017 **526.25
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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: *John M. Cather* **JOHN M. CATHER,** (407) 834-0311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #