2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

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SECHE ARY 23 PM 3: 33 DOCUMENT # A0100000093 ARLINGTON COVE PARTNERS, LTD. Principal Place of Business Mailing Address 1551 SANDSPUR ROAD PO BOX 4961 MAITLAND, FL 32751 ORLANDO, FL 32802-4961 2. Principal Place of Business -3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102005 CR2E003 (10/03) Chg-LP Applied For City & State City & State 4. FEI Number 59-3695267 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **B&C CORPORATE SERVICES OF CENTRAL FLORIDA** Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801 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 crimited name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$50.00 as Shown on record. in FLORIDA to date. 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. DOCUMENT # L01000000880 STREET ADDRESS CED CAPITAL HOLDINGS 2001 A, L.L.C. NAME STREET ADDRESS 15\$1 SANDSPUR ROAD CITY-ST-ZIP CITY-ST-ZIP MAITLAND, FL 32751 DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # 800049370768 STREET ADDRESS NAME na/29/05--01060-STREET ADDRESS CLTY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-2(P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. Thereby certify that the information supplied with this filting 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 the receiver or trustee empowered to execute this report as reclaimed by Chapter 620, Florida Statutes

BY: CED CAPPITAL FIGURETIES. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

TRICIA BODDY, MANAGER