


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A01000000736 1. Entity Name CNL STONE, LTD.	
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Principal Place of Business 8070 NW 66 STREET MIAMI, FL 33166	Mailing Address 8070 NW 66 STREET MIAMI, FL 33166
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #. etc.
City & State	City & State
Zip	Country

04262005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-1113845	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PORTUONDO, FERNANDO J ESQ C/O FERNANDO J. PORTUONDO, P.A. 3211 PONCE DE LEON BLVD., SUITE 201 CORAL GABLES, FL 33134	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. \$7,045,000.00	10. Amount of Capital Contributions in FLORIDA to date. 7,045,000.00
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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.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # P01000048827 NAME C & L STONE COMPANY STREET ADDRESS 8070 NW 66 STREET CITY-ST-ZIP MIAMI, FL 33168	STREET ADDRESS CITY-ST-ZIP
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowers me to sign this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **4/26/05 (305) 7150057**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #