

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

14 MAY -5 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000961

1. Entity Name  
CFNT, LLLP



Principal Place of Business  
601 BAYSHORE BLVD., SUITE 650  
TAMPA, FL 33606

Mailing Address  
601 BAYSHORE BLVD., SUITE 650  
TAMPA, FL 33606



2. Principal Place of Business

3. Mailing Address

04022004 Chg-LP CR2E003 (10/03)

4. FEI Number  
59-3730685

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FUNK, CAROL S  
601 BAYSHORE BLVD., SUITE 650  
TAMPA, FL 33606

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

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

DATE

9. Capital Contributions  
as Shown on record. \$2,750,000.00

10. Amount of Capital Contributions  
in FLORIDA to date. 1,000.00

**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

DOCUMENT # P01000070273  
NAME CFNT, INC.  
STREET ADDRESS 601 BAYSHORE BLVD., SUITE 650  
CITY-ST-ZIP TAMPA, FL 33606

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

500037532535  
06/02/04--01005--010 \*\*141.25

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:

*Carol Schwab*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

April 16, 2004  
Date

813-281-1621  
Daytime Phone #

STAPLE CHECK HERE