


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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 APR 26 PM 1:42

DOCUMENT # A01000001086		
1. Entity Name CREEKSIDE CLUB PARTNERS, LTD.		

Principal Place of Business P.O. BOX 4961 ORLANDO, FL 32802	Mailing Address P.O. BOX 4961 ORLANDO, FL 32802
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2. Principal Place of Business 1551 SANDSPUR ROAD Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State MAITLAND, FL	City & State
Zip 32751	Country USA



03242004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3741859	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 B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVE. SUITE 1100 ORLANDO, FL 32801	
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7. Name and Address of New Registered Agent	
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: \$4,441,141.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	
	CED CAPITAL HOLDINGS 2001 I, L.L.C.		
STREET ADDRESS	1551 SANDSPUR ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	MAITLAND, FL 32751		
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STREET ADDRESS		CITY-ST-ZIP	
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CITY-ST-ZIP			

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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: TRICIA DOODY, MANAGER 4/20/04 407-741-8500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE