

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

2006 FEB 20 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001369 1. Entity Name SOMERSET COVE PARTNERS, LTD.					
Principal Place of Business 1551 SANDSPUR ROAD MAITLAND, FL 32751			Mailing Address P.O. BOX 4961 ORLANDO, FL 32802		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc		Suite, Apt #, etc			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVE. SUITE 1100 ORLANDO, FL 32801			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L00000014850		STREET ADDRESS		
NAME	CED CAPITAL HOLDINGS 2002 M, L.L.C.		CITY - ST - ZIP		
STREET ADDRESS	1551 SANDSPUR ROAD				
CITY - ST - ZIP	MAITLAND, FL 32751				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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STREET ADDRESS					
CITY - ST - ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. <i>By: CED Capital Holdings 2002 M, L.L.C., its general partner</i>					
SIGNATURE: _____			Date _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone # _____		



02062006 Chg-LP CR2E003 (11/05)

4. FEI Number
 59-3756677

Applied For
 Not Applicable

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

FL Zip Code

600066800646
 02/28/06--01017--028 **\$500.00

STAPLE CHECK HERE

TRICA Ooddy, manager

407-71-8500