


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
. DUE BY MAY 1, 2004

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000001444	
1. Entity Name QUEST INVESTMENTS UNLIMITED, LTD.	

Principal Place of Business 160 INTERNATIONAL PARKWAY, SUITE 140 HEATHROW FL 32746	Mailing Address 160 INTERNATIONAL PARKWAY, SUITE 140 HEATHROW FL 32746
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. # etc
City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number 02-0604868	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent F & L CORP. 200 LAURA STREET JACKSONVILLE FL 32202-3510	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 \$40,456.59	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # P99000034050	NAME CBC FAMILY VISIONS, INC.	STREET ADDRESS	
STREET ADDRESS 160 INTERNATIONAL PARKWAY, SUITE 140		CITY-ST-ZIP	
CITY-ST-ZIP HEATHROW FL 32746			
DOCUMENT #		STREET ADDRESS	
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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)(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: *Saul A. Buford - Carol A. J. Buford* **4/28/2004** **407-333-9445**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #