

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

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A01000001677**

1. Entity Name  
**FDS INVESTMENTS, LTD.**



Principal Place of Business  
**1819 MAIN STREET, SUITE 230**  
**C/O WACHOVIA BANK NATIONAL ASSOC.**  
**SARASOTA, FL 34236**

Mailing Address  
**1819 MAIN STREET, SUITE 230**  
**C/O WACHOVIA BANK NATIONAL ASSOC.**  
**SARASOTA, FL 34236**

2. Principal Place of Business  
 Suite, Apt. #, etc  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc  
 City & State  
 Zip Country



04212004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**03-0423148**

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

6. Name and Address of Current Registered Agent  
**SILBERSTEIN, DAVID M ESQ.**  
**720 SOUTH ORANGE AVE.**  
**SARASOTA, FL 34236**

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. **\$4,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date **2,348,292.54**

**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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | L01000022399<br>FDS INVESTMENTS, LLC<br>1819 MAIN STREET, SUITE 230<br>SARASOTA, FL 34236 | STREET ADDRESS<br>CITY-ST-ZIP |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS<br>CITY-ST-ZIP | U000000139970<br>04/29/04-80142-016 526.25 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS<br>CITY-ST-ZIP |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS<br>CITY-ST-ZIP |  |
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| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS<br>CITY-ST-ZIP |  |

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: Wendy L. Cudzilo By: Wendy L. Cudzilo  
 Date: 4/20/04 Daytime Phone #: 941-361-5810  
Signature and typed or printed name of signing general partner

Wendy L. Cudzilo, Trust Advisor