

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

**FILED**

04 APR 30 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A02000000295**

1. Entity Name  
**CEDAR POINT LIMITED PARTNERSHIP**



Principal Place of Business  
**247 NORTH WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714**

Mailing Address  
**247 NORTH WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142004

Chg-LP

CR2E003 (10/03)

4. FEI Number  
**APPLIED FOR**

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

**COSTOLO, W. TERRY ESQ.  
301 EAST PINE STREET, SUITE 1400  
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

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

DATE

9. Capital Contributions  
as Shown on record. **\$999.90**

10. Amount of Capital Contributions  
in FLORIDA to date.

**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 # **L02000005226**  
NAME **PICERNE CEDAR POINT, LLC**  
STREET ADDRESS **247 NORTH WESTMONTE DRIVE**  
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

STREET ADDRESS

CITY-ST-ZIP

**700036274227**  
**05/13/04--01068--012 \*\*141.25**

DOCUMENT #  
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CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/27/04**

Date

Daytime Phone #

STAPLE CHECK HERE