


**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 8, 2004**

**FILED  
Aug 26, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # A02000000405**  
1. Entity Name  
**CMS PALMA SOLA ASSOCIATES, LIMITED  
PARTNERSHIP**



Principal Place of Business  
**C/O CMS AFFILIATED PARTNERSHIPS  
ONE BALA PLAZA, SUITE 412  
BALA CYNWYD, PA 19004**

Mailing Address  
**C/O CMS AFFILIATED PARTNERSHIPS  
ONE BALA PLAZA, SUITE 412  
BALA CYNWYD, PA 19004**

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

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



07162004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**03-0395799**

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

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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. **\$3,084,500.00**

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 #	B02000000087	STREET ADDRESS	
NAME	CMS PALMA SOLA PARTNERS, L.P.	CITY-ST-ZIP	
STREET ADDRESS	ONE BALA PLAZA, SUITE 412		
CITY-ST-ZIP	BALA CYNWYD, PA 19004		
DOCUMENT #		STREET ADDRESS	000000170985
NAME		CITY-ST-ZIP	08/26/04-80005-021 526.25
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STREET ADDRESS			
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)(f), 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: Imrid R. Welch Imrid R. Welch 7/29/04 215-246-3000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date City/Phone #