
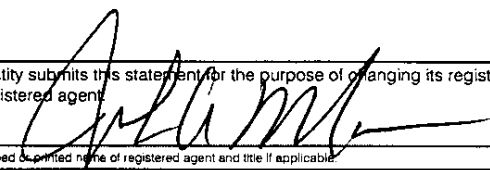
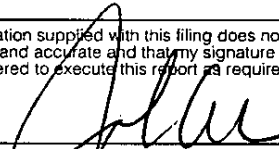


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -9 AM 9:39

DOCUMENT # A02000000778			
1. Entity Name CC INVESTORS OF SARASOTA, LTD.			
Principal Place of Business C/O JOHN A. MORAN, ESQ. 22 SOUTH LINKS AVE., SUITE 300 SARASOTA, FL 34236		Mailing Address P.O. BOX 3948 C/O JOHN A. MORAN, ESQ SARASOTA, FL 34230	
2. Principal Place of Business C/O JOHN A. MORAN 1990 Main St Ste 700		3. Mailing Address Suite, Apt. #, etc.	
City & State SARASOTA FL		City & State	
Zip 34236	Country USA	Zip	Country
4. FEI Number 33-1009146		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORAN, JOHN A ESQ. 22 SOUTH LINKS AVE., SUITE 300 SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1990 Main Street, Suite 700 City Sarasota FL Zip Code 34236	
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 3/4/05			
9. Capital Contributions as Shown on record. \$2,450,000.00		10. Amount of Capital Contributions in FLORIDA to date. 2,450,000.00	
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 # NAME STREET ADDRESS CITY-ST-ZIP	L02000013466 DM OF SRQ, L.L.C. P.O. BOX 3948, C/O JOHN A. MORAN, ESQ SARASOTA, FL 342303948	STREET ADDRESS CITY-ST-ZIP	200048498892 03/16/05--01009--0115 **526.25
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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: 		Date 3/4/05 Daytime Phone # 944 366-0115	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER John A. Moran, Manager of DM of SRQ, L.L.C.			

STAPLE CHECK HERE