2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

| Due By May 1, 2004 | | | | | | , | FHED | 1, | |
|--|--|---|------------|---------------------------------------|--|--------------------------------|--------------------------------|--|--|
| DOCUMENT # A0200001309 1. Entity Name CYE, LTD. | | | | | | SECRET DIVISIO: 0 O4 APR | ARY OF S P SOURCE 12 AMI | | |
| Principal Plac | e of Business | Mailing Address | | · | † | | | | |
| 2204 GREEN OAKS LANE TAMPA, FL 33612 | | 2204 GREEN OAKS LANE TAMPA, FL 33612 | | | | iri 2211 22121 H222 | . Mill 2001 2 (2012) 10 (2001 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03232004 | Chg-LP | CR2E003 | 3 (10/03) | | |
| City & State | | City & State | | | 4. FEI Number APPLIED | FOR TO | 8279° | Applied For Not Applicable | |
| Zip | Country | Zip | Country | | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | |
| | 6. Name and Address of Curren | t Registered Agent | | Name | 7. Name and A | Address of New F | Registered Ag | ent | |
| TURRELL, PATRICIA C 2204 GREEN OAKS LANE TAMPA, FL 33612 | | | | <u> </u> | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| IAMPA, F | | | | | | | | | |
| t | | | | City | | | FL | Zip Code | |
| the obligat | named entity submits this statement lions of registered agent. | | s register | ed office or register | red agent, or both | , in the State of Fl | orida. I am fan | niliar with, and accept | |
| SIGNATURE | Signature, typed or printed name of registered ager | nt and title if applicable. | | | | | DATE | | |
| 9. Capital Co as Shown | on record. \$10,000,000.00 | 10. Amount of Capit in FLORIDA to d | fate. | | | | | | |
| | NOTE: General Partners M | | | | | l to change a g | eneral partn | | |
| 12. | GENERAL PARTNER INFORMATION | | 13. | · · · · · · · · · · · · · · · · · · · | | ADDRESS CH | IANGES ONLY | | |
| NAME STREET ADDRESS CITY-ST-ZIP | CONNER, ROBBIE SUE 2204 GREEN OAKS LANE | | | EET ADDRESS /-ST-Z!P | | | | | |
| DOCUMENT # | | | STR | EET ADDRESS | | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| NAME STREET ADDRESS CITY-ST-ZIP | TURRELL, PATRICIA C 2204 GREEN OAKS LANE TAMPA, FL 33612 | | CITY | r-ST-ZIP | | | | | |
| DOCUMENT # NAME | GRAVES, SANDRA C | | STR | EET ADORESS | |)0034 /04-010 2 | | 331 **526.25 | |
| STREET ADDRESS CITY-ST-ZIP | 2204 GREEN OAKS LANE TAMPA, FL 33612 | | CITY | r-ST-ZIP | ₩ 11 ₩₩ | | | | |
| DOCUMENT # NAME | | | STR | EET ADDRESS | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CIT | 7-S3-ZiP | | | | | |
| DOCUMENT # NAME | | | STR | EET ADDRESS | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CIT | r-ST-ZIP | | | | | |
| DOCUMENT # NAME | | | STR | EET ADDRESS | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | r-ST-ZIP | | | | | |
| indicated the recei | certify that the information supplied will on this report is true and accurate ar ver or trustee empowered to execute t | d that my signature shall have | the sam | e legal effect as if r | made under oath; | that I am a Gener | ral Partner of th | that the information the limited partnership of | |
| SIGNAT | | OR PRINTED NAME OF SIGNING GENET | TEL | <u></u> | 319HI | 04 8 | 13 2 L | 74005 | |