2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Due By May 1, 2004					_	
DOCUMENT # A0200001547 1. Entity Name CED ALACHUA PARTNERS, LTD.					04 FILED	
Principal Place of Business 1551 SANDSPUR ROAD MAITLAND, FL 32751		Mailing Address PO BOX 4961 ORLANDO, FL 32802-4961		hr	FILED 04 JAN 22 AM 6: 59 TALLAHASSEE, FLORE	
2. Principal Place of Business		3. Mailing Address		7		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01152004 Chg-LP CR2E003 (10/03)	
City & State		City & State			4. FEI Number Applied For 57-1138754 Not Applicable	
Zip	Country	Zip	Coun	try	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	
B & C CORPORATE SERVICES OF CENTRAL FLORID 390 NORTH ORANGE AVENUE, STE. 1100 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	r the purpose of changing	its register	ed office or registe	red agent, or both, in the State of Florida. I am familiar with, and accept	
	ions of registered agent.		,			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.			DATE	
9. Capital Contributions as Shown on record. \$50.00 10. Amount of Capital in FLORIDA to date				outions	500027915515 01/30/0401016010 **150.00	
	A GENERAL PARTNER 1 NOTE: General Partners MA	HAT IS A BUSINESS	ENTITY M	UST BE REGIS	TERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner.	
12. GENERAL PARTNER INFORMATION			13.	,	ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS	L02000031332 CED CAPITAL HOLDINGS 2003 H, L.L.C. 1551 SANDSPUR ROAD			EET ADDRESS	· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP DOCUMENT #	MAITLAND, FL 32751		-			
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DOCUMENT # NAME			STRI	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		_	CITY	-ST-ZIP		
14. I hereby of indicated the received	certify that the information supplied with on this report is true and accurate and secure trustee empowered to execute the composition of the comp	n this filing does not qualify that my signature shall ha is report as required by Cl	y for the exe eve the sam hapter 620,	mption stated in See legal effect as if in Florida Statutes	ection 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership or	

1/19/04 407-741-8500 Daytime Phone #