

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

**FILED**

04 APR 30 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # A03000000916</b> 1. Entity Name CTSOUTH, LTD.					
Principal Place of Business 1350 EAST NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442			Mailing Address 1350 EAST NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip		4. FEI Number <b>76-0735220</b> Applied For Not Applicable	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent KAY LAW OFFICES 700 VILLAGE SQUARE CROSSING, SUITE 102B ATTN: JAMES R. KAY PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$2,097,810.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		11. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # L03000022538 NAME CTSOUTH, LLC STREET ADDRESS 1350 EAST NEWPORT CENTER DRIVE, SUITE 206 CITY-ST-ZIP DEERFIELD BEACH, FL 33442			STREET ADDRESS CITY-ST-ZIP		
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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: <i>Linda G. Kassof</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			04/27/2004 - (954) 428-4585 Date Daytime Phone #		

STAPLE CHECK HERE

*[Handwritten Signature]*