

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

04 JUN -8 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK



03282003 Chg-LP CR2E003 (10/03)

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|---|---|---|--|--|--|
| DOCUMENT # A03000001342 1. Entity Name COCOA LAKES, LTD. | | | | | |
| Principal Place of Business C/O CROWN NORTHCORP, INC 1251 DUBLIN RD. COLUMBUS, OH 43215 | | | Mailing Address C/O CROWN NORTHCORP, INC 1251 DUBLIN RD. COLUMBUS, OH 43215 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 59-2443887 | | | 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 | | | 7. Name and Address of New Registered Agent | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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. \$302,210.00 | | 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 # | F03000004607 | | STREET ADDRESS | | |
| NAME | BROOKVILLE ASSOCIATES, INC. | | CITY-ST-ZIP | | |
| STREET ADDRESS | C/O CROWN NORTHCORP, INC-1251 DUBLIN RD | | | | |
| CITY-ST-ZIP | COLUMBUS, OH 43215 | | | | |
| DOCUMENT # | | | STREET ADDRESS | 200038168552 | |
| NAME | | | CITY-ST-ZIP | 06/22/04--01070--002 **400.00 | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| DOCUMENT # | | | STREET ADDRESS | 200038168552 | |
| NAME | | | CITY-ST-ZIP | 06/22/04--01070--001 **526.25 | |
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| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 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>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | STEPHEN W. BROWN, SECRETARY <i>6/4/04</i> <i>644/485-576</i> <small>Date Daytime Phone #</small> | | |

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