2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

| DOCUMENT # A0300001557 | | | | | FILE | ED |
|--|---|---|--|--|---|---|
| ENTERPRISE COVE PARTNERS, LTD. | | | | 2005 | JAN 18 | AM 9: 09 |
| Principal Place of Business | Mailing Address | | The state of the s | DIViet | ON OF COL | RPORATIONS |
| P.O. BOX 4961 ORLANDO, FL 32802-4961 | P.O. BOX 4961 ORLANDO, FL 32802 | 2-4961 | | į.AL | LAHASSEI | E, FLORIDA |
| Principal Place of Business 3. Mailing Address | | • | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | 01042005 Chg-Li | P CR2 | 2E003 (10/03) |
| City & State | City & State | | 4. FEI Number 56-2413047 | | Applied For Not Applicable | |
| Zip Country | Zip | Count | try | 5. Certificate of Status D | | \$8.75 Additional Fee Required |
| 6. Name and Address of Curre | nt Registered Agent | | Name | 7. Name and Address o | f New Register | ed Agent |
| B&C CORPORATE SERVICES OF CENTRAL FL INC. 390 N ORANGE AVE, STE 1100 ORLANDO, FL 32801 | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | | | |
| | | | City | | F | Zip Code |
| The above named entity submits this statement the obligations of registered agent. | for the purpose of changing it | ts registere | ed office or register | ed agent, or both, in the Sta | ate of Florida. 1 a | am familiar with, and accept |
| SIGNATURE Signature, typed or printed name of registered age | nt and title if applicable. | | | | DAT | TE. |
| 9. Capital Contributions as Shown on record. \$50.00 | 10. Amount of Cap in FLORIDA to | | outions | | | |
| A GENERAL PARTNER NOTE: General Partners N | THAT IS A BUSINESS E | | | | | |
| 12. GENERAL PARTN | ER INFORMATION | 13. | , | | SS CHANGES | · |
| DOCUMENT # L03000034533 NAME CED CAPITAL HOLDINGS 2004 C, L.L.C. | | STRE | ET ADORESS | | | |
| STREET ADDRESS 1551 SANDSPUR RD. CITY-ST-ZIP MAITLAND, FL 32751 | | CITY | ·S1~ZIP | | | |
| DOCUMENT / NAME | | STRE | ET ADDRESS | | | |
| SIREET ADDRESS CITY - SI - ZIP | | CITY | -\$1-ZIP | | | |
| DOCUMENT # NAME | | STRE | ET ADDRESS | | | |
| STREET ADDRESS CITY-ST-ZIP | P4100, 411, 481, 111, 111, 111, 111, 111, 111 | CITY | -ST-ZIP | | | |
| OCCUMENT # NAME | | STRE | ET ADDRESS | | | |
| STREET ADDRESS CITY-ST-ZIP | | CITY- | -ST-ZIP | | | |
| CITY-ST-ZIP DOCUMENT A NAME STREET ADDRESS | | STRE | ET ADDRESS | ر مواقع المحافق المحاف | | |
| 1 GRY-51-7P 4 | | CITY | -ST-ZIP | 2000. 01/19/05(| 45040 0105601 | 0702 4 **150.00 |
| DOCUMENT # NAME STREET ADDRESS | | STRE | ET ADORESS | | | |
| CITY-ST-ZIP | \sim | | -\$T-ZIP | | | |
| 14. I hereby certify that the information supplied windicated on this report is true and accurate at the receiver or trustee empowered to execute CED CAP (TALL) | ith this filing does not qualify food that my signature shall have this report as required by Cha | for the exer to the same apter 620, F | mption stated in Se e legal effect as if m Florida Statutes | ction 119.07(3)(i), Florida S nade under oath; that I am a | itatutes. I further a General Partne | certify that the information ir of the limited partnership o |
| | | | | 1/7/0 | 5 | 407/741-850 |
| SIGNATURE AND TYPED | OR PRINTED NAME OF SIGNING CENE | ERAL PARTNE | ER | Date | | Daytimé Phone # |