

**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

FILED

2005 JAN 18 AM 9:11

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



01042005 Chg-LP CR2E003 (10/03)

<b>DOCUMENT # A03000001790</b>				
1. Entity Name NANTUCKET COVE PARTNERS, LTD.				
Principal Place of Business 1551 SANDSPUR ROAD MAITLAND, FL 32751			Mailing Address P.O. BOX 4961 ORLANDO, FL 32802	
2. Principal Place of Business			3. Mailing Address	
Suite, Apt. #, etc.			Suite, Apt. #, etc.	
City & State			City & State	
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
B&C CORPORATE SERVICE OF CENTRAL FLORIDA, 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801			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>\$50.00</b>		10. 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 #	NAME CED CAPITAL HOLDINGS 2004 E, L.L.C.			STREET ADDRESS
NAME	1551 SANDSPUR ROAD			CITY - ST - ZIP
STREET ADDRESS	MAITLAND, FL 32751			
CITY - ST - ZIP				
DOCUMENT #				STREET ADDRESS
NAME				CITY - ST - ZIP
STREET ADDRESS				
CITY - ST - ZIP				
DOCUMENT #				STREET ADDRESS
NAME				CITY - ST - ZIP
STREET ADDRESS				
CITY - ST - ZIP				
DOCUMENT #				STREET ADDRESS
NAME				CITY - ST - ZIP
STREET ADDRESS				
CITY - ST - ZIP				
DOCUMENT #				STREET ADDRESS
NAME				CITY - ST - ZIP
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: <u>TRICIA BOODY, MANAGER</u> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				
			Date <u>1/7/05</u>	Daytime Phone # <u>407/741-8500</u>

STAPLE CHECK HERE.

500045040935  
01/19/05--01066--020 \*\*150.00