FILED
May 06, 2004 08:00 AM
Secretary of State

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A03876

1. Entity Name
CEDAR HILLS, LTD.

Principal Place of Business	Mailing Address
6215 WILSON BLVD. JACKSONVILLE, FL 32210	P.O. BOX 7779 JACKSONVILLE, FL 32238

04262004 Chg-LP CR2E003 (10/03)

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 59-1563513 ☐ Applied For ☐ Not Applicable

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
TOWERS, JR. CHARLES D. 1301 RIVERPLACE BLVD., STE. 1500 JACKSONVILLE, FL 32207	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as shown on record.	$445,761.00	10. Amount of Capital Contributions in FLORIDA to date.	

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 #		STREET ADDRESS	
NAME	TOWERS, JR. CHARLES D.		
STREET ADDRESS	4579 ORTEGA BLVD.	CITY-ST-ZIP	U00000160198
CITY-ST-ZIP	JACKSONVILLE, FL 32210		05/13/04-80011-015 ~~526.25~~
DOCUMENT #		STREET ADDRESS	
NAME	TOWERS, JEAN B.		
STREET ADDRESS	4275 BALTIC STREET	CITY-ST-ZIP	
CITY-ST-ZIP	JACKSONVILLE, FL 32210		
DOCUMENT #	178092	STREET ADDRESS	
NAME	FLORIDA TITLE & PARTNERS, INC.		
STREET ADDRESS	6215 WILSON BLVD.	CITY-ST-ZIP	
CITY-ST-ZIP	JACKSONVILLE, FL 32210		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: [signature] A.L. Burger, Jr. 4-30-04 904-778-1888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #