2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

DOCUMENT # A0400000144  1. Entity Name JORDANS COVE PARTNERS, LTD.					FILED
					2005 JAN 18 AM 9: 10
Principal Place of Business 1551 SANDSPUR RD MAITLAND, FL 32751		Mailing Address P.O. BOX 4961 ORLANDO, FL 32802-4961			DIVILION OF CORPORATIONS TALLAHASSEE, FLORIDA
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01042005 Chg-LP CR2E003 (10/03)
City & State		City & State	City & State		4. FEI Number 34-1 976834 Applied For Not Applicable
Zip Country		Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered 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)	
ORLANDO	), FL 32801				
				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					
9. Capital Contributions as Shown on record. \$50.00 10. Amount of Capital Contributions in FLORIDA to date.					
	A GENERAL PARTNER NOTE: General Partners N	THAT IS A BUSINESS EN	NTITY M	IUST BE REGIST	TERED AND ACTIVE WITH THIS OFFICE.  It must be filed to change a general partner.
12. GENERAL PARTNER INFORMATION 13.				*****	ADDRESS CHANGES ONLY
DOCUMENT # NAME	CED CAPITAL HOLDINGS 2004 N, L.L.C.			EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	1001 0111001 011110			-ST-ZIP	
DOCUMENT / NAME			STRE	EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	
NAME			STRE	EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	100045041.054
DOCUMENT #			STRE	ET ADDRESS	01/19/0501056023 **150.00
STREET ADDRESS CITY-\$1-ZIP			CITY	-ST-ZIP	
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STREET ADDRESS CITY-ST-ZIP				-ST-ZIP	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS	
				-ST-ZIP	
14. I hereby of indicated the receive	certify that the information supplied w on this report is true and accurate ar ver or trustee empowered to execute	this report as required by Char	oter 620. I	e legal ellect as if fi Florida Statutes	ection 119.07(3)(i), Florida Statutes. I further certify that the information nade under oath; that I am a General Partner of the limited partnership or
SIGNATURE: 1/7/05 407/741-8500					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daysing Phone #					