## **, 2005 LIMITED PARTNERSHIP ANNUAL REPORT** Due By September 7, 2005

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SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A04000001261** 06 MAY -1 AM 8: 44 CHERRY STREET COMMONS INVESTORS, LTD. Mailing Address Principal Place of Business 321 SOUTH BEVERLY DRIVE 321 SOUTH BEVERLY DRIVE BEVERLY HILLS, CA 90212 BEVERLY HILLS, CA 90212 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07072005 CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 20 - l Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WARD, TERESA C Street Address (P.O. Box Number is Not Acceptable) 245 EAST WASHINGTON STREET MONTICELLO, FL 32344 City 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 Signature, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions 130,000 as Shown on record. in FLORIDA to date. 130,000 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # F04000004353 STREET ADDRESS CARSWELL, GREENFIELD & KUNSTLER, INC. 321 SOUTH BEVERLY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BEVERLY HILLS, CA 90212 DOCUMENT # STREET ADDRESS NAME 300075024353 05/22/06--01029--019 \*\*500.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT ! STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-#:-ZIP

14. Thereby 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 sindicated 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 employed to specure this required by Chapter 620, Florida Statutes