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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

David C. Strong

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A04000001593 05 MAR 25 AM 9: 46 CW PARTNERS, LTD. Principal Place of Business Mailing Address 1000 NORTH ORLANDO AVE., SUITE D 1000 NORTH ORLANDO AVE., SUITE D WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 Chg-LP CR2E003 (10/03) City & State Applied For City & State 4. FEI Number 20–1615356 Not Applicable Zip Country 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 STRONG, DAVID C Street Address (P.O. Box Number is Not Acceptable) 1000 NORTH ORLANDO AVE., SUITE D WINTER PARK, FL 32789 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 9. Capital Contributions 10. Amount of Capital Contributions \$1,900,000,00 as Shown on record. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY 13 DOCUMENT # P04000129997 STREET ADDRESS STRONG CHRISTOPHER, INC. STREET ADDRESS 1000 NORTH ORLANDO AVE., SUITE D CITY-ST-ZIP CITY-ST-ZIP WINTER PARK, FL 32789 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 400049838274 DOCUMENT # STREET ADDRESS 04/05/05--01003--023 **526.25 NAME 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-ZIP 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. Hurther 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

Strong Christopher, Inc., General Partner

407-629-1800

Daytime Phone #