


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
2005 JAN 18 AM 8:04
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001989 1. Entity Name WILDWOOD COVE APARTMENTS PARTNERS, LTD.					
Principal Place of Business 1551 SANDSPUR ROAD MAITLAND, FL 32751			Mailing Address PO BOX 4961 ORLANDO, FL 32802-4961		
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 20-2033860				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE STE. 1100 ORLANDO, FL 32801			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$50.00		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 #	L04000090453		STREET ADDRESS		
NAME	CED CAPITAL HOLDINGS 2005 H, L.L.C.		CITY - ST - ZIP		
STREET ADDRESS	1551 SANDSPUR ROAD		STREET ADDRESS		
CITY - ST - ZIP	MAITLAND, FL 32751		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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NAME			CITY - ST - ZIP		
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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.			300045040819 01/19/05--01056--017 **150.00		
SIGNATURE: TRICIA BOODY, MANAGER			Date 1/7/05 Daytime Phone # 407/741-8500		

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