

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005


FILED

2005 JAN 18 AM 9:10

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



01042005 Chg-LP CR2E003 (10/03)

DOCUMENT # A04000001995					
1. Entity Name GOLDENROD COVE PARTNERS, LTD.					
Principal Place of Business 1551 SANDSPUR ROAD MAITLAND, FL 32751			Mailing Address P.O. 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 20-2033647	
				Applied For 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, SUITE 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>					
DATE _____					
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 #	L04000090518		STREET ADDRESS		
NAME	CED CAPITAL HOLDINGS 2005 E, L.L.C.		CITY-ST-ZIP		
STREET ADDRESS	1551 SANDSPUR ROAD				
CITY-ST-ZIP	MAITLAND, FL 32751				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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. 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.					
CED CAPITAL HOLDINGS 2005 E, L.L.C., general partner					
SIGNATURE: _____			1/7/05 407/741-8500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER TRICIA BOODY, MANAGER					

STAPLE CHECK HERE