

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 JAN 18 PM 2:08

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



01042005 Chg-LP - CR2E003 (10/03)

| | | | | | |
|--|-------------------------------------|-------------------------------|--|------------------------------------|--|
| DOCUMENT # A04000001996 1. Entity Name CLUB AT VIA LOMA 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 Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 20-2033572 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | Applied For Not Applicable | | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$5,000.00 | | | 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 # | L04000090474 | | STREET ADDRESS | | |
| NAME | CED CAPITAL HOLDINGS 2005 G, 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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| 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. 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. | | | 600045039796 01/19/05--01056--007 **150.00 | | |
| SIGNATURE: TRICIA DOODY, MANAGER | | | Date: 1/7/05 Daytime Phone #: 407/741-8500 | | |

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