## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

## Mar 12, 2004 08:00 AM Secretary of State **DOCUMENT # A07928** CERNY VILLAGE, LTD. Principal Place of Business Mailing Address 2120 DREW STREET 2120 DREW STREET CLEARWATER, FL 33765 CLEARWATER, FL 33765 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc. 01212004 Chg-LP CR2E003 (10/03) 4. FEI Number Applied For City & State City & State 59-1949638 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Regulred 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FUNK, RICHARD B. Street Address (P.O. Box Number is Not Acceptable) 2120 DREW ST. CLEARWATER, FL 33765 Zip Code City 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 60e if applicable DATE 10. Amount of Capital Contributions 9. Capital Contributions \$80,010.00 as Shown on record. 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 13. 12. DOCUMENT / 590286 STREET ADDRESS J.R.S. EQUITIES, INC. NAME 2120 DREW STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER, FL 33765 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS 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-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 eath, 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

TREASURER T. R.S. EQUATRES, INC. 3/11/04

**FILED**