

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 JAN 20 AM 8:33

**DOCUMENT # A14233**  
 1. Entity Name  
 CFA INVESTORS, LTD.



Principal Place of Business  
 1834 PARK AVENUE  
 P. O. BOX 215  
 ORANGE PARK, FL 32067-0215

Mailing Address  
 4300 LAKESIDE DRIVE, SUITE 15  
 JACKSONVILLE, FL 32210

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**524 BALMORA DR**  
 Suite, Apt. #, etc.

City & State  
**SAINT AUGUSTINE, FL**

Zip Country  
**32092-2725**

*[Handwritten initials]*



01132005 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-2279482**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ADAMS, HELEN B.**  
**4300 LAKESIDE DRIVE, SUITE 15**  
**JACKSONVILLE, FL 32210**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**524 BALMORA DR**  
 City **SAINT AUGUSTINE, FL** Zip Code **32092-2725**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$186,000.00**

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 #	G93077900001	STREET ADDRESS	524 BALMORA DR
NAME	HELEN B. ADAMS LIVING TRUST	CITY - ST - ZIP	SAINT AUGUSTINE, FL 32092-2725
STREET ADDRESS	4300 LAKESIDE DRIVE, SUITE 15		
CITY - ST - ZIP	JACKSONVILLE, FL 32210		
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STAPLE CHECK HERE

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

SIGNATURE: HELEN B. ADAMS, TRUSTEE, GP *[Handwritten Signature]* **1-15-05** **904-940-7987**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #