


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
 AND
 FILED

04 JUN -7 PM 3:41

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A26493		
1. Entity Name CUMBERLAND AVENUE PARTNERS, LTD.		

Principal Place of Business 100 EAST MADISON STREET SUITE 200 TAMPA, FL 33602	Mailing Address 100 EAST MADISON STREET SUITE 200 TAMPA, FL 33602
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04222004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2951971	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROWE, RICK D 100 MADISON ST., SUITE 200 TAMPA, FL-33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. \$609,815.00	10. Amount of Capital Contributions in FLORIDA to date. 793,148 <i>supp. filed 05/06/04</i>
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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 # NAME STREET ADDRESS CITY-ST-ZIP	M75464 ROWE INVESTMENTS, INC. 100 EAST MADISON ST.#200 TAMPA, FL	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	600036937306 05/06/04---01039---011 **1814.25
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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

SIGNATURE: <i>RICK D. ROWE</i>	Date: 04.30.04	Daytime Phone #: 813.221.8771
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STAPLE CHECK HERE