2004 Apr. 28. 2004 7:23AM **[PARTN]ERSHIP ANNUAL REPORT (AR)** No. 9383 P. 4

DUE BY MAY 1, 2004

DOCUMENT # A27243

1. Entity Name

CAMBRIDGE MANOR LTD.

FILED

04 APR 29 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
20721 S.W 46TH AVE. NEWBERRY FL 32669	20721 S.W 46TH AVE. NEWBERRY FL 32669

MOORE CR2E003 (11/03)

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 59-2910642 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVIS, NORITA V 20721 S.W 46TH AVE. NEWBERRY FL 32669	Name Street Susan Adams Hallmark Group Services of Florida, LLC 4040 Newberry Road, Suite 1000 City Gainesville, FL 32607

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 Susan Adams 3/29/04

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

9. Capital Contributions as Shown on record. $35,340.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #		STREET ADDRESS	
NAME	BROWN, LEWIS JR.		
STREET ADDRESS	4020 NEWBERRY RD. STE. 500	CITY-ST-ZIP	
CITY-ST-ZIP	GAINESVILLE FL		
DOCUMENT #		STREET ADDRESS	500035846175 05/11/04--01009--009 **337.88
NAME			
STREET ADDRESS		CITY-ST-ZIP	
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NAME			
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CITY-ST-ZIP			

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: [signature] 23 APR 2004

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