
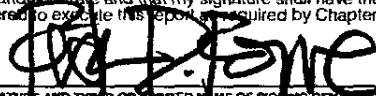


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A32242</b>					
1. Entity Name SECOND CUMBERLAND AVENUE PARTNERS, LTD.					
Principal Place of Business % H. DEAN ROWE 100 EAST MADISON STREET, SUITE 200 TAMPA, FL 33602			Mailing Address % H. DEAN ROWE 100 EAST MADISON STREET, SUITE 200 TAMPA, FL 33602		
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 59-3095118	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROWE, RICK D 100 MADISON STREET, SUITE 200 TAMPA, FL 33062			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. \$179,370.00		10. Amount of Capital Contributions in FLORIDA to date. 179,370.00			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	M75464		STREET ADDRESS		
NAME	ROWE INVESTMENTS, INC.		CITY-ST-ZIP		
STREET ADDRESS	100 MADISON STREET #200			U00000159974	
CITY-ST-ZIP	TAMPA, FL			05/13/04-80003-004 526.25	
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
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 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: 			04.30.04		813.221.8711
RICK D. ROWE			Date		Daytime Phone #

STAPLE CHECK HERE

