

**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 <b>SECOND CUMBERLAND AVENUE PARTNERS, LTD.</b>					
Principal Place of Business <b>% H. DEAN ROWE</b> <b>100 EAST MADISON STREET, SUITE 200</b> <b>TAMPA, FL 33602</b>			Mailing Address <b>% H. DEAN ROWE</b> <b>100 EAST MADISON STREET, SUITE 200</b> <b>TAMPA, FL 33602</b>		
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 <b>59-3095118</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROWE, RICK D</b> <b>100 MADISON STREET, SUITE 200</b> <b>TAMPA, FL 33062</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. <b>\$179,370.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>179,370.00</b>			
<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				
CITY-ST-ZIP	TAMPA, FL				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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CITY-ST-ZIP					



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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:** *Rick D. Rowe*    **04.30.04**    **813.221.8711**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER    Date    Daytime Phone #  
**RICK D. ROWE**