

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 DEC 22 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
A32893

SANFORD ARMS ASSOCIATES, L.P., A CALIFORNIA LIMITED PARTNERSHIP

Mailing Address

~~3200 LUCIEN WAY~~  
~~SUITE 450~~  
~~MAITLAND FL 32751~~

Principal Office Address

~~3200 LUCIEN WAY~~  
~~SUITE 450~~  
~~MAITLAND FL 32751~~

98-AR  
LM

3. Date Formed or Registered

04/29/1992

3a. Date of Last Report

12/23/1996

4. State or Country of Formation

CA

6. FEI Number

59-3028028

5a. Capital Contributions as  
Shown on record.

\$2,000,000.00

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

2. Mailing Address

9/6 Broad and Cassel  
P.O. Box 4961  
Orlando, FL  
32802-4961 USA

2a. Principal Office Address

1551 Sandspur Rd.  
Suite, Apt. #, etc.  
City & State  
Maitland, FL  
Zip  
32751 Country

7. Certificate of Status Desired

☐ Applied For  
☐ Not Applicable

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FL., INC  
390 NORTH ORANGE AVENUE  
SUITE 1100  
ORLANDO FL 32801

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

CED CAPITAL HOLDINGS I, LTD.

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

2200 LUCIEN WAY, SUIT

11b. City, State & Zip Code

MAITLAND FL 32751

11c. Registration/  
Document Number

A92000000009

000002384820--3  
-12/29/97--01119--015  
\*\*\*\*385.00 \*\*\*\*385.00

000002384820--3  
-12/29/97--01119--016  
\*\*\*\*156.25 \*\*\*\*156.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

CED Construction, Inc.

Jay P. Brock, Vice President

DATE 12/8/97  
407/660-1110

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR25003 (6/97)