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

## FILED Apr 23, 2004 08:00 AM Secretary of State

1. Entity Nam SANFORI	MENT # A32893 D ARMS ASSOCIATES, L PARTNERSHIP	.P., A CALIFORNIA	A (					
Principal Place of Business 1551 SANDSPUR ROAD MAITLAND, FL 32751		Mailing Address % BROAD AND CASSEL P.O. BOX 4961 ORLANDO, FL 32802-4961						
2, Principal P	lace of Business	3. Mailing Address	3. Mailing Address				i Oligiji Olokil Oligiji olo	<u>                                       </u>
Suite, Apt #, etc.		Suite, Apt #, etc		03172004	Chg-LP	CR2E003	(10/03)	
City & State		City & State		4. FEI Number 59~3028	028		Applied For Not Applicable	
Zip	Country	Zip Country			5. Certificate o	f Status Desired		.75 Additional Required
	6. Name and Address of Curren	nt Registered Agent			7. Name and A	Address of New R		
B&C CORI	PORATE SERVICES OF CEI	NTRAL FL., INC	Nai					
390 NORTH ORANGE AVENUE SUITE 1100			Str	Street Address (P O. Box Number is Not Acceptable)				
ORLANDO, FL 32801								
			City				FL	Zip Code
	named entity submits this statement ions of registered agent.	for the purpose of changin	ng its registered offi	ce or registe	red agent, or both	, in the State of Flo	onda I am fami	liar with, and accept
SIGNATURE	Signature, typed or printed name of registered age	n' and trie if applicable					DATE	
9. Capital Co as Shown	cn record \$2,618,001.00	in FLORIDA		<del> </del>				
	A GENERAL PARTNER NOTE: General Partners N					to change a g	eneral partne	r.
12.	GENERAL PARTN A92000000009	ER INFORMATION	13.	<del></del>		ADDRESS CH	ANGES ONLY	
NAME	CED CAPITAL HOLDINGS I, LTD.			ESS		<del></del>		
STREET ADDRESS CITY ST- dP	1551 SANDSPUR ROAD MAITLAND, FL 32751		CITY - ST - ZIF	·				
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14. Thereby	Certify that the information supplied videntify that the information supplied videntification of this report is true and accurate a ver or trustee empowered to execute CED Cariful flocking Sy: CEO Construction	nd that my signature shall I	have the same lega	d ettect as it	made under dath,	that I am a Gener	al Partner of the	that the information limited partnership o
APIDIC	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING	GENERAL PARTNER			Date		ne Phone #

Michael J. SCIALRING, Prisident