


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # A32893 1. Entity Name SANFORD ARMS ASSOCIATES, L.P., A CALIFORNIA LIMITED PARTNERSHIP					
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 Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3028028	
Zip		Country		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	
B&C CORPORATE SERVICES OF CENTRAL FL., INC 390 NORTH ORANGE AVENUE SUITE 1100 ORLANDO, FL 32801				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. \$2,618,001.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	A92000000009		STREET ADDRESS		
NAME	CED CAPITAL HOLDINGS I, LTD.		CITY-ST-ZIP		
STREET ADDRESS	1551 SANDSPUR ROAD				
CITY-ST-ZIP	MAITLAND, FL 32751				
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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)(f), 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.					
BY: CED CAPITAL HOLDINGS I, LTD., general partner W. CED CONSTRUCTION, INC., its general partner			3/9/05 407/741-8500		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date Daytime Phone #		
MICHAEL J. SCHARINO, PRES.					



01072005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3028028

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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BY: **CED CAPITAL HOLDINGS I, LTD., general partner**
W. CED CONSTRUCTION, INC., its general partner

3/9/05 407/741-8500

SIGNATURE: _____ Date Daytime Phone #

MICHAEL J. SCHARINO, PRES.

STAPLE CHECK HERE