


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

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

<b>DOCUMENT # A33254</b> 1. Entity Name <b>ORANGE OAKRIDGE PARK ASSOCIATES, L.P., LTD.</b>	
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Principal Place of Business <b>1551 SANDSPUR ROAD MAITLAND, FL 32751</b>	Mailing Address <b>% BROAD AND CASSEL P.O. BOX 4961 ORLANDO, FL 32802-4961</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country



03302004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>59-3122910</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>B&amp;C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE SUITE 1100 ORLANDO, FL 32801</b>	
7. Name and Address of New Registered Agent	
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable DATE \_\_\_\_\_

9. Capital Contributions as Shown on record <b>\$4,470,864.89</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	A93000000236	STREET ADDRESS	
NAME	CED CAPITAL HOLDINGS II, LTD.	CITY - ST - ZIP	
STREET ADDRESS	1551 SANDSPUR ROAD		
CITY - ST - ZIP	MAITLAND, FL 32751		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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STREET ADDRESS			
CITY - ST - ZIP			

04/29/04-80013-006 526.25

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:** Michael J. Sciarrino, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER 4/20/04 407-741-8500  
Date Daytime Phone #

STAPLE CHECK HERE