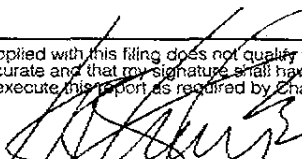


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A92000000251			
1. Entity Name CPB PARTNERS, LTD.			
Principal Place of Business 5551 RIDGEWOOD DRIVE, SUITE 203 NAPLES FL 34108		Mailing Address 5551 RIDGEWOOD DRIVE, SUITE 203 NAPLES FL 34108	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ATHAN, G. HELEN ESQUIRE 5551 RIDGEWOOD DRIVE, SUITE 203 NAPLES FL 34108		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 _____ DATE _____ Signature: typed or printed name of registered agent and file if applicable.			
9. Capital Contributions as Shown on record. \$678,455.00		10. Amount of Capital Contributions in FLORIDA to date. 	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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 #	P92000015247	STREET ADDRESS	
NAME	SCC OF NAPLES, INC.	CITY-ST- ZIP	
STREET ADDRESS	5551 RIDGEWOOD DRIVE, SUITE 203		
CITY-ST- ZIP	NAPLES FL 33963		
DOCUMENT #		STREET ADDRESS	U000000115028
NAME		CITY-ST- ZIP	04/16/04-80607-013 150.00
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NAME		CITY-ST- ZIP	
STREET ADDRESS			
CITY-ST- ZIP			
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: 		4-7-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE