


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A93000000376 1. Entity Name CENTRAL FLORIDA INCOME APPRECIATION FUND, LTD.	
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FILED

04 APR 29 AM 10:07

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business GROVE AT LAKELAND SQUARE 3570 US HWY. 98 N LAKELAND, FL 33809	Mailing Address GROVE AT LAKELAND SQUARE 3570 US HWY. 98 N LAKELAND, FL 33809
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04272004 Chg-LP CR2E003 (10/03)

City & State	City & State
Zip	Country

4. FEI Number 65-0437038	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BARCAP REALTY SERVICES GROUP, INC. GROVE AT LAKELAND SQUARE 3570 US HWY. 98 N LAKELAND, FL 33809	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 title if applicable.

9. Capital Contributions as Shown on record. \$99.00	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 # NAME STREET ADDRESS CITY-ST-ZIP	P98000095117 BARON CAPITAL OF FLORIDA, INC. 7826 COOPER ROAD CINCINNATI, OH 45242	STREET ADDRESS CITY-ST-ZIP	3570 US Hwy. 98 N Lakeland, FL 33809
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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)(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: *J. Stephen Miller* **J. Stephen Miller** **4-28-04** **(863)853-2882**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE