2005 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

HERE

SIGNATURE:

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A93000000376 05 MAY | | AM | |: 00 CENTRAL FLORIDA INCOME APPRECIATION FUND. LTD. Principal Place of Business Mailing Address **GROVE AT LAKELAND SQUARE GROVE AT LAKELAND SQUARE** 3570 US HWY. 98 N 3570 US HWY. 98 N LAKELAND, FL 33809 LAKELAND, FL 33809 2. Principal Place of Business Mailing Address 109 West Commercial St. 109 West Commercial St. Suite, Apt. #, etc. Suite, Apt. #, etc. 01212005 Chg-LP CR2E003 (10/03) City & State Sanford, Florida City & State Sanford, Florida 4. FEI Number Applied For 65-0437038 Not Applicable Country Zip 32771 Zip 32771 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Barcap Realty Services Group, Inc. BARCAP REALTY SERVICES GROUP, INC. Street Address (P.O. Box Number is Not Acceptable) **GROVE AT LAKELAND SQUARE** 3570 US HWY. 98 N 109 West Commercial Street LAKELAND, FL 33809 Zip Code 32771 City Sanford FI 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 10. Amount of Capital Contributions 9. Capital Contributions \$99.00 as Shown on record. 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION P98000095117 DOCUMENT # STREET ADDRESS 109 West Commercial Street NAMÉ BARON CAPITAL OF FLORIDA, INC. STREET ADDRESS 3570 US HWY 98 N. CITY-ST-ZIP Sanford, Florida 32771 CITY-ST-ZIP LAKELAND, FL 33809 DOCUMENT # STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 400055914624 OOCUMENT # STREET ADDRESS NAME 06/08/05--01067--010 **141 25 STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADORESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS CHECK NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE DOCUMENT # STREET ADORESS NAME STREET 40DRESS CITY-ST-ZIP 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.

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APR 29 2005 407-688-7762

Date