


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY SEPTEMBER 8, 2004**

**FILED**  
**Sep 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A94000000141</b>					
1. Entity Name <b>CAYO HUESO COTTAGES LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>1205 CALAIS LANE KEY WEST FL 33040</b>			Mailing Address <b>1205 CALAIS LANE KEY WEST FL 33040</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc			Suite, Apt. #, etc		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0407533</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BENAVIDES, JAIME M 1205 CALAIS LANE KEY WEST FL 33040</b>				7. Name and Address of New Registered Agent Name Street Address (P. O. Box Number is Not Acceptable) City <b>FL</b> 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.		<b>\$195,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	



MOORE CR2E003 (4/04)

**11. FILE NOW!!! Due by September 8, 2004!**  
**See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee.**

**43750 + 8825 = 52625**

**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 #	BENAVIDES, JAIME M	STREET ADDRESS	
NAME	1205 CALAIS LANE	CITY-ST-ZIP	
STREET ADDRESS	KEY WEST FL 33040		
CITY-ST-ZIP			
DOCUMENT #	BENAVIDES, NELA J	STREET ADDRESS	000000172282
NAME	702 CATHERINE STREET	CITY-ST-ZIP	09/17/04-80001-014 526.25
STREET ADDRESS	KEY WEST FL 33040		
CITY-ST-ZIP			
DOCUMENT #	HARDY, WILLIAM M.D.	STREET ADDRESS	
NAME	263 FAIRWAY LANE	CITY-ST-ZIP	
STREET ADDRESS	ONEIDA TN 37841		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE