

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Jun 10, 2004 08:00 AM
Secretary of State

DOCUMENT # A94000001235 1. Entity Name CLIFFWOOD HOLDINGS, LTD.					
Principal Place of Business 598 S. GOODMAN RD. DAVENPORT, FL 33837			Mailing Address 4669 SOUTHWEST FREEWAY, SUITE 700 HOUSTON, TX 77027		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03112003 Chg-LP CR2E003 (10/03)	
4. FEI Number 59-3268194				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DYMOND, WILLIAM T 215 N. EOLA DRIVE ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 fee if applicable</small>					
9. Capital Contributions as Shown on record. \$999.00			10. Amount of Capital Contributions 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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 12. GENERAL PARTNER INFORMATION </div> <div style="width: 48%;"> 13. ADDRESS CHANGES ONLY </div> </div>					
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP		
P94000068443 CLIFFWOOD PROPERTIES, INC. 4669 SOUTHWEST FREEWAY, SUITE 700 HOUSTON, TX 77027			1100000162465 06/10/04-80006-001 541.25		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS 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)(f), 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:				5/17/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				713961-3835 <small>Daytime Phone #</small>	

STAPLE CHECK HERE