2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED Jun 10, 2005 08:00 AM Secretary of State

DOCU 1. Entity Nam CELC, LT	MENT # A9600000 D.	1815	· _		Secretary of State
Principal Place of Business. 9020 RANCHO DEL RIO DRIVE, SUITE 129 NEW PORT RICHEY, FL 34655			Mailing Address 9020 RANCHO DEL RIO DRIVE, SUITE 129 NEW PORT RICHEY, FL 34655		· ·
2. Principal F	face of Business	3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			01042005 Chg-LP CR2E003 (10/03)
City & State		City & State			4. FEI Number Applied For 59-3404597 Not Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required
,	Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
9020 RAN	DEEB, ALEX R 9020 RANCHO DEL RIO DRIVE, SUITE 125			Street Address	(P.O. Box Number is Not Acceptable)
NEW POR	NEW PORT RICHEY, FL 34655				
				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 as the obligations of registered agent.					
SIGNATURE	SIGNATURE Signature byped or printed name of registered agent and fills if applicable.				DATE
9. Capital Contributions \$87,500.00 10. Amount of Capital Contributions in FLORIDA to date.					
	A GENERAL PARTNER	THAT IS A BUSINESS E	NTITY M	UST BE REGIS	TERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner.
12.					ADDRESS CHANGES ONLY
DOCUMENT # NAME	_			EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	9020 RANCHO DEL RIO DRIVE, SUITE 129 NEW PORT RICHEY, FL 34655		CITY	r-ST-ZIP	
DOCUMENT # NAME			STR	eet address	
STREET ADDRESS CITY-ST-ZIP			GITY	r-ST-ZIP	
DOCUMENT # NAME	MENT #		SIR	EET ADDRESS	06/10/05-80012-003 535.00
STREET ADDRESS CITY-ST-ZIP			CITY	r · ST-ZIP	
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CITY-ST-ZIP DOCUMENT # NAME DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME			SIR	LET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			L	r-ST-ZIP	
14. I hereby indicated the recei	certly that the information supplied violet in this report is true and accurate a ver or trustee empowered to execute TRI CHINTY DEVI	with this filing does not qualify find that my signature shall have this report an equiral by Cha	or the exe e the sam pter 620 ITS (emption stated in Si se legal effect as if in Florida Statutes Feneral Pa	ection 119.07(3)(i), Florida Statutes. I further certify that the information made under cath, that I am a General Partner of the limited partnership or rtner
SIGNATURE: 1-5-05 727-376-6831 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER THIS					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Title DEFB, PRESIDENT					