2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Apr 23, 2004 08:00 AM Secretary of State

1. Entity Name	MENT # A970000 ROAD PARTNERS, LTI					
Principal Place of Business 1551 SANDSPUR ROAD MAITLAND, FL 32751		Mailing Address P.O. BOX 4961 ORLANDO, FL 328	~			
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			
Suite. Apt. #, etc.		Suite. Apt. #, etc.	Suite. Apt. #, etc.		03162004 Chg-LP	CR2E003 (10/03)
City & State		City & State			4. FEI Number 59-3450961	Applied For Not Applicable
Zip	Country	Zip	Count	iry	Certificate of Status Desired Name and Address of New F	\$8.75 Additional Fee Required
	6. Name and Address of Cur	ent Registeren Agent		Name	1. Name and Address of ho	registered Agent
B&C CORPORATE SERVICES OF CENT. FL., INC. 390 N. ORANGE AVE., SUITE 1100 ORLANDO, FL. 32801				Street Address (P.O. Box Number is Not Acceptable)		
				City		FL Zip Code
	named entity submits this stateme ons of registered agent.	ent for the purpose of changing	ng its registere	ed office or register	red agent, or both, in the State of Flo	orida. I am familiar with, and accep
SIGNATURE -	Signature, typed or printed name of registered	agent and title if applicable				DATE
9. Capital Con as Shown of		10. Amount of C in FLORIDA		outions		
	NOTE: General Partners	MAY NOT be changed	S ENTITY MI on the form	ı; an amendmer	TERED AND ACTIVE WITH TH nt must be filed to change a g	jeneral partner.
12. GENERAL PARTNER INFORMATION					ADDRESS CH	ANGES ONLY
ODCUMENT# NAME	A9500001231 CED CAPITAL HOLDINGS VII, LTD.			ET ADDRESS		
STREET ADDRESS	ADDRESS 1551 SANDSPUR ROAD			-S1 - ZIP		
GITY+ST-ZIP DOCUMENT≠	MAITLAND, FL 32751 F95000005074			EET ADDRESS	<u>U00000136607</u> 04/29/04-80013-024 526.25	
NAME STREET ADDRESS CITY-ST-ZIP	NUROCK CORPORATION 5920 ROSWELL ROAD ATLANTA, GA 30328		CITY	r-ST-ZIP		
DOCUMENT #	A		SIRE	EE I ADDRESS		
STREET ADDRESS CITY+ST-ZIP			GITY:	r-St-ZIP		
DOCUMENT #			SIRE	EET ADDRESS		
CITY SI-ZIP			CIFY	r-ST-ZIP		
DOCUMENT # NAME			STRE	HET ADDRESS		_
STREET ADDRESS CITY - ST - ZIP			CITY	(ST-ZIP		
DOCUMENT # NAME			STRE	EET ADDRESS		
STREET ADDRESS CITY ST ZIP				r-SI-ZIP		
indicated the receiv	on this report is true and accurate ver or trustee empowered to execute the colorest control of the colorest control of the colorest control of the colorest	e and that my signature shall ute this report as required by	have the same Chapter 620, I	emption stated in S le legal effect as if i Florida Statutes	lection 119 07(3)(i). Florida Statutes made under oath, that I am a Gener	s. I further certify that the information ral Partner of the limited partnershi
SIGNAT	'URE:'	PED OR PRINTED NAME OF SIGNING		-	1/0/1	Daytime Phone #