


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 20 PM 3:37

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # A97000000606							
1. Entity Name CTF HOLDINGS NORTHWEST FLORIDA, LTD.							
Principal Place of Business 1610 TENNESSEE AVENUE LYNN HAVEN, FL 32444		Mailing Address 1610 TENNESSEE AVENUE LYNN HAVEN, FL 32444					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	02162004 Chg-LP CR2E003 (10/03)			
4. FEI Number 59-3434363				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
TILLMAN, JEAN F 1610 TENNESSEE AVENUE LYNN HAVEN, FL 32444			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			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 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. \$60,000.00		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.							
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY				
DOCUMENT #	P97000021931		STREET ADDRESS				
NAME	CTF, INC.		CITY-ST-ZIP				
STREET ADDRESS	1610 TENNESSEE AVENUE						
CITY-ST-ZIP	LYNN HAVEN, FL 32444						
DOCUMENT #			STREET ADDRESS	600035832046			
NAME			CITY-ST-ZIP	05/10/04--01112--003 **508.75			
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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: <i>Jean Tillman</i>		4/6/04		850-265-2800			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>		<small>Daytime Phone #</small>			

STAPLE CHECK HERE