2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

## FILED Mar 23, 2005 08:00 AM Secretary of State

	1. Entity Nam	MENT # A970000				Se	cretary of State
	Principal Place of Business 1551 SANDSPUR ROAD MAITLAND, FL 32751		Mailing Address P.O. BOX 4961 ORLANDO, FL 32802	<del>-</del>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. 2511 BENNE (1231 BLOCK   BIES (1816)) MI (251)
}	2. Principal Place of Business		3. Mailing Address	3. Mailing Address			
<u> </u>	Suite, Apt. #. etc.		Surte, Apt. #, etc.	Surte, Apt. #, etc.		01102005 Chg-LP	CR2E003 (10/03)
	City & State		City & State			4. FEI Number 59-3480591	Applied For Not Applicable
	Zip	Country	Ζp	Cour	itry	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	Name and Address of Current Registered Agent				Name	7. Name and Address of New Ro	egistered Agent
1	<b>390 NORT</b>	PORATE SERVICES OF CE H ORANGE AVENUE, SUIT D, FL 32801	NTRAL FLA.,INC TE 1100	RAL FLA.,INC 100 Street Ac		s (P.O. Box Number is Not Acceptable)	
	ORLANDO	7, FL 32001					
			·		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 Signature, typed or or inted name of registered agent and title if applicable.						DATE
	9. Capital Contributions as Shown on record. \$150.00 10. Amount of Capital Contributions in FLORIDA to date.						
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIS NOTE: General Partners MAY NOT be changed on the form; an amendment				it must be filed to change a ge	eneral partner	
- 1	12. GENERAL PARTNER INFORMATION 0000M0011 P97000096497				<u> </u>	ADDRESS CHA	INGES ONLY
	NAME CED CAPITAL HOLDINGS IX, INC. 1551 SANDSPUR ROAD			ł	ELI ADDRESS		
-	CITY - ST - ZIP  DDCUMENT #  NAME	P93000010797 CED CONSTRUCTION SERVICES, INC. 1551 SANDSPUR ROAD			EET ADORESS	Hanna	274112
1	STREET ADDRESS CITY - ST-ZIP				/-SI-ZIP	<u> </u>	
	DOCUMENT # NAME			SIR	EET ADDRESS		
	STREET ADDRESS CITY - ST - ZIP			Cit	/-SI-ZIP		
	DOCUMENT # NAME			ŜĪR	EET ADDRESS	·	
#  -  -	STREET ADDRESS CITY-ST-ZIP			CITY	915-72-1		
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	NAME STREET ADDRESS CITY-ST-ZIP				FET ADDRESS		
Ì	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 record as required by Chapter 620, Florida Statutes  BY: CED CAPTAL FOLLOW STATUTES INC., GENERAL PARTNER  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  Clair  Dayling Phone #						
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