

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000002553 <small>1. Entity Name</small> CEDAR SHORES, LTD.					
<small>Principal Place of Business</small> 1357 WEST BEAVER STREET JACKSONVILLE, FL 32203			<small>Mailing Address</small> P.O. BOX 40606 JACKSONVILLE, FL 32203		
2. Principal Place of Business			3. Mailing Address		
<small>Suite, Apt. #, etc.</small>			<small>Suite, Apt. #, etc.</small>		
<small>City & State</small>			<small>City & State</small>		
<small>Zip</small>		<small>Country</small>		<small>Zip</small>	
<small>Country</small>		<small>Country</small>		4. FEI Number 59-1490075	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHUPP, CHARLES O 1357 WEST BEAVER STREET JACKSONVILLE, FL 32203				<small>Name</small> 	
				<small>Street Address (P.O. Box Number is Not Acceptable)</small> 	
				<small>City</small> FL <small>Zip Code</small>	
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.					
<small>SIGNATURE</small> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>DATE</small> _____					
9. Capital Contributions as Shown on record. \$200.00			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		
<small>DOCUMENT #</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	P98000063639 CSJ MANAGEMENT, INC. 1357 WEST BEAVER STREET JACKSONVILLE, FL 32203		<small>STREET ADDRESS</small> 		
			<small>CITY-ST-ZIP</small>		
<small>DOCUMENT #</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>			<small>STREET ADDRESS</small> 	U00000095731	
			<small>CITY-ST-ZIP</small>	03/24/04-80047-001 150.00	
<small>DOCUMENT #</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>			<small>STREET ADDRESS</small> 		
			<small>CITY-ST-ZIP</small>		
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			<small>CITY-ST-ZIP</small>		
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 _____			03/10/04 904-633-6906 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE