## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUMENT # A97000002763 2004 MAY 24 AM 9: 59 COHEN PROPERTIES OF CENTRAL FLORIDA, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1239 OCEANSHORE BLVD., UNIT 12 B 2 1239 OCEANSHORE BLVD., UNIT 12 B 2 ORMOND BEACH, FL 32176 ORMOND BEACH, FL 32176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02162004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 59-3483390 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **OLIVARI & ASSOCIATES** Street Address (P.O. Box Number is Not Acceptable) 141 SAGE BRUSH TRAIL, SUITE D ORMOND BEACH, FL 32174 City 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 lamiliar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 3 \$443,490.00 10. Amount of Capital Contributions APRIL 8, 2004 in FLORIDA to date. # 132, 999.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # 542697 STREET ADDRESS 1239 OCEANSHORE BLVD. UNIT 12B2 DAYTONA MANAGEMENT CORP. NAME STREET ADDRESS 150 MAGNOLIA AVENUE CITY-ST-ZIP ORMOND BEACH, FLORIDA 32176 CITY-ST-ZIP DAYTONA BEACH, FL 32114 DOCUMENT # ZEVCO, INC. (SEE AMENOMENT) STREET ADDRESS NAME 1239 DEEANSHORE BLUD, UNITIZBZ STREET ADDRESS 04/12/04--01082--005 600032475 CITY-ST-ZIP OFMUND BEACH, FL 32176 FOX - 1030 CITY-ST-ZIP DOCUMENT # 04/12/04--01082--005 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED