


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC 30 PM 3: 28



LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership  CLEARWATER PHASE II PARTNERS, LTD.		1a. DOCUMENT # A98000000399	
2. Mailing Address 1551 SANDSPUR ROAD MAITLAND FL 32751		3. Date Formed or Registered 02/11/1998	
2a. Principal Office Address 1551 SANDSPUR ROAD MAITLAND FL 32751		3a. Date of Last Report	
2. Mailing Address P.O. Box 4961 Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State ORLANDO, FLORIDA		5a. Capital Contributions as Shown on record. \$50.00	
Zip 32802-4961		5b. Amount of Capital Contributions in FLORIDA to date:	
Country USA		6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENT. FLA., INC. 390 NORTH ORANGE AVE., SUITE 1100 ORLANDO FL 32801		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
11. Name(s) of General Partner(s) CED CAPITAL HOLDINGS X, LTD.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1551 SANDSPUR ROAD	11b. City, State & Zip Code MAITLAND FL 32751	11c. Registration/ Document Number A98000000398
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. CED Capital Holdings X, Inc. By: Tricia Doody, VP SIGNATURE _____ DATE _____ Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____			

CR2E003 (8/98)