2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Apr 23, 2004 08:00 AM Secretary of State

1. Entity Name	MENT # A980000 Y POINTE PARTNERS					ceretary or state
Principal Place of Business 1551 SANDSPUR ROAD MAITLAND, FL 32751		Mailing Address P.O. BOX 4961 ORLANDO, FL 3280	~			
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.	Suite, Apt #, etc.		03302004 Chg-LP	CR2E003 (10/03)
City & State		City & State	City & State		4. FEI Number 59-3544340	Applied For Not Applicable
Zıp	Country	Zip	Coun	itry	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Cu	rrent Registered Agent		1	7. Name and Address of New F	
				Name		
390 NORTH	PORATE SERVICES OF (H ORANGE AVENUE, SU 1. FL 32801			Street Address (P.O. Box Number is Not Acceptable	e)
O1 (12) 11 1120	, 1					T = 2 2 2
				City		FL Zip Code
8. The above the obligati	named entity submits this statem ons of registered agent.	ient for the purpose of changing	g its registere	ed office or register	red agent, or both, in the State of FI	orida. I am familiar with, and accept
SIGNATURE -	Signature, typed or printed name of registere	d agent and title if applicable		<u> </u>		DATE
9. Capital Cor as Shown o	ntributions &F 400 400 00	40. Amount of C		butions		
	A GENERAL PARTN	ER THAT IS A BUSINESS	ENTITY M	UST BE REGIS	TERED AND ACTIVE WITH TH nt must be filed to change a g	IIS OFFICE.
12.		RTNER INFORMATION	13.			ANGES ONLY
DOCUMENT #	A98000000398			LET ADDRESS		
NAME STREET ADDRESS	CED CAPITAL HOLDINGS 1551 SANDSPUR ROAD	X, LIU.	CITY	21 10	<u> </u>	
CHY ST-ZIP DOCUMENT #	MAITLAND, FL 32751			1 - S1 - ZIP	ል 13 ሮሳኒ ውን	00015-011 526.25
NAME			SIR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	r-SI-ŽIP		
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STREET ADDRESS City+ST+ZIP			CITY	7-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP			city	Y-ST-ZIP		
DOCUMENT # NAME			STA	EET ADDRESS		
STREET ADORESS City-St-Zip			CITY	Y-ST-ZIP		
indicated the receives	on this report is true and accura ver or trustee empowered to exec Capital Holdings Capital Holdings	te and that my signature shall houte this report as required by C	láve the sam Chapter 620,	emption stated in S ne legal effect as if I Florida Statutes	made under oath, that I am a Gener	I further certify that the information ral Partner of the limited partnership
SIGNAT		PED OR PRINTED NAME OF SIGNING GI	ENERAL PARTN	ER	- 71 00 00 7 Que	Daytime Phone *

TRICIA DODY, Vice President