2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED 04 JAN 22 AM 9: 08 **DOCUMENT # A99000000672** SECRETARY OF STATE TALLAHASSEE, FLORIDA CED CAPITAL HOLDINGS XI, LTD. Principal Place of Business Mailing Address 1551 SANDSPUR ROAD P.O. BOX 4961 ORLANDO, FL 32802 MAITLAND, FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132004 CR2E003 (10/03) Chq-LP City & State City & State 4. FEI Number Applied For 59-3577563 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 **B&C CORPORATE SERVICES OF CENTRAL FLA, INC** Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVE., SUITE 1100 ORLANDO, FL 32801 Zip Code FI 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 printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$50.00 as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. P93000010797 DOCUMENT # STREET ADDRESS NAME CED CONSTRUCTION SERVICES, INC. 1551 SANDSPUR ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND, FL P99000037495 DOCUMENT # STREET ADDRESS CED CAPITAL HOLDINGS XI, INC. NAME 1551 SANDSPUR ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND, FL 600028318286 DOCUMENT # 02/06/04--01015--008 **150.00 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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