


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

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000001986</b> 1. Entity Name <b>COURTNEY RIDGE LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>100 COLONIAL CENTER PARKWAY, SUITE 470          LAKE MARY, FL 32746</b>			Mailing Address <b>100 COLONIAL CENTER PARKWAY, SUITE 470          LAKE MARY, FL 32746</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3610352</b>	
5. Certificate of Status Desired				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>SCHAFFER, JOHN A          100 COLONIAL CENTER PARKWAY, SUITE 470          LAKE MARY, FL 32746</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$4,900,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P99000101613		STREET ADDRESS		
NAME	COURTNEY RIDGE DEVELOPMENT, INC.		CITY - ST - ZIP		
STREET ADDRESS	100 COLONIAL CENTER PARKWAY, SUITE 470				
CITY - ST - ZIP	LAKE MARY, FL 32746				
DOCUMENT #			STREET ADDRESS		
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STREET ADDRESS					
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)(f), 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: <i>John Schaffer</i>			JOHN SCHAFFER 3-11-04 407-333-0866		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

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