2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

SIGNATURE: Carole A. Cherry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE PARTNER

STAPLE CHECK HERE

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

Due by September 6, 2004						Jul 23, 2004 00.00 Alvi			
DOCUMENT # A9900002199						Secreta	ary of S	state	
1. Entity Name CHERRY INVESTMENTS, LTD.									
Princepal Pla	ce of Business	Mailing Address			4				
Principal Place of Business Mailing Address 4402 BROOKWOOD DRIVE 4402 BROOKWOOD DR			DRIVE						
TAMPA, FL 33629 TAMPA, FL 33629									
Principal Place of Business									
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Buite, Apt #, etc.		Suite, Apt. #, etc.		07122004	Chg-LP	CR2E003	(10/03)		
City & State		City & State		4. FEI Number 59-3615			Applied For Not Applicable		
Zip	Country	Zip	Cou	ntry		of Status Desired		.75 Additional Required	
	6. Name and Address of Currer	nt Registered Agent	1		7. Name and	Address of New F			
				Name					
CHERRY, CAROLE S 4402 BROOKWOOD DRIVE TAMPA, FL 33629				Street Address (dress (P.O. Box Number is Not Acceptable)				
				City	<u> </u>	····	FL	Zip Code	
8. The above named entity submits this statement for the average of shancing its year				and office or register	rad sapet or both	in the State of Fla	F-4_ }	•	
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 tide if applicable									
Shown on record. Say 3,045,000.00 Say 5,000.00 Say 6,000.00 Say 6,000.00 Say 6,000.00 Say 6,000.00									
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.									
12.	GENERAL PARTNI	13.			ADDRESS CHA				
BOCUMENT #	CHERRY, CAROLE S		STR	EET ADORESS					
STREET ADDRESS CITY-ST-ZIP			ctry	r-st-zip					
OOCUMENT #			STRI	EET ADORESS	000000168068 07/23/04-80008-012 526.25				
STREET ADDRESS CITY-ST-ZIP			CETY	r-ST-ZiP		<u> </u>	00000-01	<u>c ach.ca</u>	
DOCUMENT / NAME			STRE	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	s		СПУ	-SI-ZIP					
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Street address City-St-Zip			CRY	- \$T - Z{P					
DOCUMENT /			SIRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP					
DOCUMENT # NAME			STRE	ET ADORESS		· · · · · · · · · · · · · · · · · · ·	<u>.</u>	<u> </u>	
STREET ADDRESS			¢ny-	- ST - ZIP		<u> </u>			
14. I hereby o	ertify that the information supplied wit on this report is true and accurate and er or trustee empowered to execute the	h this filing does not quality to d that my signature shall have	or the exer	mption stated in Sec legal effect as if m	ction 119.07(3)(i), ade under oath, t	Florida Statutes. I hat I am a General	further certify the Partner of the li	at the information mited partnership or	
me receiv	and unstee emboweled to execute the	iis report as required by Chap	ner 620, i	norida Statutes		-		- 1	