

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Aug 26, 2004 08:00 AM
Secretary of State

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|--|--|--|---|---|--|
| DOCUMENT # B01000000340 1. Entity Name CMS BAYSHORE PARTNERS, L.P. | | | | | |
| Principal Place of Business C/O CMS AFFILIATED PARTNERSHIPS ONE BALA PLAZA, SUITE 412 BALA CYNWYD, PA 19004 | | | Mailing Address C/O CMS AFFILIATED PARTNERSHIPS ONE BALA PLAZA, SUITE 412 BALA CYNWYD, PA 19004 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 23-3095650 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | | 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. \$995.00 | | 10. Amount of Capital Contributions in FLORIDA to date | | In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. | |
| 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 PARTNER INFORMATION | | | 13. ADDRESS CHANGES ONLY | | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | F01000005174 CMS BAYSHORE CORP. ONE BALA PLAZA, SUITE 412 BALA CYNWYD, PA 19004 | | STREET ADDRESS CITY - ST - ZIP | U00000170970 08/26/04-80005-006 141.25 | |
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| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 | | | | | |
| SIGNATURE: <u>Ingrid R. Welch</u> Ingrid R. Welch 7/29/04 215-246-3000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small> | | | | | |

STAPLE CHECK HERE