

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004


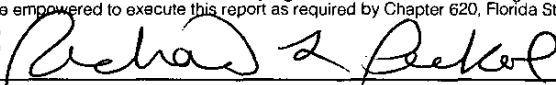
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01142004 Chg-LP CR2E003 (10/03)

DOCUMENT # B03000000297			
1. Entity Name CARTOON CUTS, LP			
Principal Place of Business 5501 BACKLICK ROAD SUITE #118 SPRINGFIELD, VA 22151		Mailing Address 5501 BACKLICK ROAD SUITE #118 SPRINGFIELD, VA 22151	
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 54-1560447		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T 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 FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$0.00		10. Amount of Capital Contributions in FLORIDA to date. \$0.00	
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 PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	CASHEW HOLDINGS, INC.	STREET ADDRESS	SUITE 118
NAME	5501 BACKLICK ROAD	CITY-ST-ZIP	
STREET ADDRESS	SPRINGFIELD, VA 22151		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	900036061509
NAME		CITY-ST-ZIP	05/11/04--01064--012 **141.25
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NAME		CITY-ST-ZIP	
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)(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: 		4-11-04 2122721305	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE