


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 16 AM 10:30

<b>DOCUMENT # B04000000110</b> 1. Entity Name SCPLANTATION CB, L.P.					
Principal Place of Business 31 RAVENWOOD DR WALNUT CREEK, CA 94597			Mailing Address 31 RAVENWOOD DR WALNUT CREEK, CA 94597		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country			3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		
4. FFI Number			Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			01042005      Chg-LP      CR2E003 (10/03)		
6. Name and Address of Current Registered Agent  LEOPOLD, KAREN S ESQ 20801 BISCAYNE BLVD, STE 501 AVENTURA, FL 33180				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <u>N/A</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record.      \$3,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.      \$3,000,000.00			
<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>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	M04000001007		STREET ADDRESS		
NAME	SCPLANTATION CB MGMT LLC		CITY-ST-ZIP		
STREET ADDRESS	31 RAVENWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	WALNUT CREEK, CA 94597		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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 02/23/05--01048--016    \*\*526.25

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 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:** Charles Holman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-4-05    925-930-7333  
Date      Daytime Phone #

Check for \$526.25