

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                               |                                      |                                           |                                                                                                             |                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # B96000000102</b><br>1. Entity Name<br><b>COLONY DEVELOPMENT LENDERS LIMITED PARTNERSHIP</b>                                                                                                                     |                                      |                                           |                                                                                                             |                                                                                                                   |  |
| Principal Place of Business<br><b>1999 AVENUE OF THE STARS<br/>         STE 1200<br/>         LOS ANGELES, CA 90067</b>                                                                                                       |                                      |                                           | Mailing Address<br><b>1999 AVENUE OF THE STARS<br/>         STE 1200<br/>         LOS ANGELES, CA 90067</b> |                                                                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                         |                                      | 3. Mailing Address<br>Suite, Apt. #, etc. |                                                                                                             |                                                                                                                   |  |
| City & State                                                                                                                                                                                                                  |                                      | City & State                              |                                                                                                             | 4. FEI Number<br><b>95-4567552</b>                                                                                |  |
| Zip                                                                                                                                                                                                                           |                                      | Zip                                       |                                                                                                             | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                   |  |
| 6. Name and Address of Current Registered Agent<br><b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.<br/>         1201 HAYS STREET<br/>         TALLAHASSEE, FL 32301</b>                                                         |                                      |                                           |                                                                                                             | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. |                                      |                                           |                                                                                                             |                                                                                                                   |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>                                                                                                     |                                      |                                           |                                                                                                             |                                                                                                                   |  |
| 9. Capital Contributions as Shown on record. <b>\$18,300,000.00</b>                                                                                                                                                           |                                      |                                           | 10. Amount of Capital Contributions in FLORIDA to date <b>\$18,300,000</b>                                  |                                                                                                                   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><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 #                                                                                                                                                                                                                    | <b>F96000001277</b>                  |                                           | STREET ADDRESS                                                                                              |                                                                                                                   |  |
| NAME                                                                                                                                                                                                                          | <b>CSD GENPAR, INC.</b>              |                                           | CITY-ST-ZIP                                                                                                 |                                                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                | <b>1999 AVE. OF THE STARS, #1200</b> |                                           | STREET ADDRESS                                                                                              |                                                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                   | <b>LOS ANGELES, CA 90067</b>         |                                           | CITY-ST-ZIP                                                                                                 |                                                                                                                   |  |
| DOCUMENT #                                                                                                                                                                                                                    |                                      |                                           | STREET ADDRESS                                                                                              |                                                                                                                   |  |
| NAME                                                                                                                                                                                                                          |                                      |                                           | CITY-ST-ZIP                                                                                                 |                                                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                |                                      |                                           | STREET ADDRESS                                                                                              |                                                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                      |                                           | CITY-ST-ZIP                                                                                                 |                                                                                                                   |  |
| DOCUMENT #                                                                                                                                                                                                                    |                                      |                                           | STREET ADDRESS                                                                                              |                                                                                                                   |  |
| NAME                                                                                                                                                                                                                          |                                      |                                           | CITY-ST-ZIP                                                                                                 |                                                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                |                                      |                                           | STREET ADDRESS                                                                                              |                                                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                      |                                           | CITY-ST-ZIP                                                                                                 |                                                                                                                   |  |
| DOCUMENT #                                                                                                                                                                                                                    |                                      |                                           | STREET ADDRESS                                                                                              |                                                                                                                   |  |
| NAME                                                                                                                                                                                                                          |                                      |                                           | CITY-ST-ZIP                                                                                                 |                                                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                |                                      |                                           | STREET ADDRESS                                                                                              |                                                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                      |                                           | CITY-ST-ZIP                                                                                                 |                                                                                                                   |  |
| DOCUMENT #                                                                                                                                                                                                                    |                                      |                                           | STREET ADDRESS                                                                                              |                                                                                                                   |  |
| NAME                                                                                                                                                                                                                          |                                      |                                           | CITY-ST-ZIP                                                                                                 |                                                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                |                                      |                                           | STREET ADDRESS                                                                                              |                                                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                      |                                           | CITY-ST-ZIP                                                                                                 |                                                                                                                   |  |

STAPLE CHECK HERE

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** Joy Mallory **Joy Mallory, Asst. Sec'y, CSD Genpar, Inc.** **3-18-05** **310.282-8820**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER