

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Jun 01, 2004 08:00 AM
Secretary of State

DOCUMENT # B99000000321 1. Entity Name C.F. FOUNTAIN SQUARE ASSOCIATES LIMITED PARTNERSHIP		
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Principal Place of Business 3200 SOUTH FIRST STREET AUSTIN, TX 78704	Mailing Address 57 WELLS AVENUE NEWTON, MA 02459
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02232004 Chg-LP CR2E003 (10/03)

4. FEI Number
04-3480740

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURGETT, TAMMY L
 C/O FOUNTAIN SQUARE RENTAL OFFICE
 333 LAURINA STREET
 JACKSONVILLE, FL 32220

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.

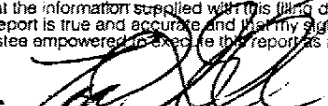
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$1,600,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$1,600,000.00
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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 #	B99000000320	STREET ADDRESS	
NAME	C.F. FOUNTAIN SQUARE G.P., LTD.	CITY-ST-ZIP	
STREET ADDRESS	57 WELLS AVENUE	STREET ADDRESS	U00000162063
CITY-ST-ZIP	NEWTON, MA 02459	CITY-ST-ZIP	06/03/04-80006-025 526.25
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **4/15/04 (843) 769-6615**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
Todd C. Abdon President of Charleston Partners, Inc. C.P. of C.F. Fountain

STAPLE CHECK HERE