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

Principal Place of Business	Mailing Address
3200 SOUTH FIRST STREET AUSTIN, TX 78704	57 WELLS AVENUE NEWTON, MA 02459

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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.		
STREET ADDRESS	57 WELLS AVENUE	CITY-ST-ZIP	
CITY-ST-ZIP	NEWTON, MA 02459		
DOCUMENT #		STREET ADDRESS	U00000162063
NAME			06/03/04-80006-025 526.25
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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: [signature] 4/15/04 (843) 769-6615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

Todd G. Abedon, President of Charleston Partners, Inc., G.P. of C.F. Fountain