2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Apr 22, 2004 08:00 AM Secretary of State

1	. Entity Name	e	A0000000		1100		Secretary of State					
2 5	Principal Place of Business 201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES, FL 33134			20° SUI	ing Address 1 ALHAMBRA CIRCLE TE 601 RAL GABLES, FL 33			T NOTION (CT) OTHER CONTRACTOR STATE ON A CONTRACTOR OF THE CONTRA				
2	Principal Place of Business			3. M	3. Mailing Address							
-	Suite, Apt	Apt #, etc			nte. Apt #, etc		01232004	Chg-LP	CR2E003 (10/03)			
	City & State			Ci	ty & State	T T T in a	4. FEI Number Applied For 65-1052031 Not Applied					
	Zip	Country		Zı	Zip Cou		iry	5. Certificate of Status Desired S8.75 Additional Fee Required			5 Additional	
	6. Name and Address of Current Registered Agent					·····	7. Name and Address of New Registered Agent					
	FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE					•		PO Box Number	is Not Acceptable)		
9	SUITE 601 CORAL GABLES, FL 33134						Great radius (1 o per turnos protyreceptaste)					
	TO THE ORDERO, I'E SO TOT						City	*****		FL Z	ıp Coce	
8	 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the obligations of registered agent 								, in the State of Flo		with, and accept	
5	Signature typed or printed name of registered agent and vite if applicable									DATE		
-	9. Capital Contributions as Shown on record \$400,000.00 In FLORIDA to date					at Contri ate.	5400,000	2.00				
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTE NOTE: General Partners MAY NOT be changed on the form; an amendment											
	12.		GENERAL PARTN			13.		ADDRESS CHANGES ONLY				
١	DOCUMENT #		CH REALTY, LLC		601		EET ADDRESS					
- 1	STREET ADDRESS City - St - Zip	1	IBRA CIRCLE, SUIT BLES, FL 33134	E 601			-ST ZIP					
١	DOCUMENT # NAME					SIR	EET ADDRESS	U00000140119 04/29/04-80149-002-526, 25				
í	STREET ADDRESS CITY-ST-ZIP						OST ZiP				- 0-0:0	
- 1	DOCUMENT# NAME					SIR	EET ADDRESS					
- 1	STREET ADDRESS DHY-ST-ZIP					CHN	r-\$1-ZIP					
- 1	DOCUMENT# NAME					SIR	EET AODRESS					
	STREET ADDRESS CITY ST-ZIP					CiTi	r-st-ziP					
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	STREET ADDRESS CITY ST ZIP					GITY	r-SI-ZIP					
∢	DOCUMENT #			····		SIR	EET ADDRESS					
	STREET ADDRESS CITY+ST+ZIP	1					r SI-ZIP	7-1				
1	14. I hereby of indicated the receiv	4. Thereby 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 of the receiver or trustee emportage to execute this report as required by Chapter 620, Florida Statutes.										