


2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A0100000253</b> 1. Entity Name LA MIRADA GARDENS, LTD.					
Principal Place of Business C/O REGENCY DEVELOPMENT ASSOCIATES, INC. 1103 WEST HIBISCUS BLVD SUITE 408 MELBOURNE, FL 32901			Mailing Address C/O REGENCY DEVELOPMENT ASSOCIATES, INC. 1103 WEST HIBISCUS BLVD SUITE 408 MELBOURNE, FL 32901		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3697971</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>FOWLER SANDELL, RENEE</b> <b>1103 WEST HIBISCUS BLVD. SUITE 408</b> <b>MELBOURNE, FL 32901</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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.			DATE		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$2,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	M03000000648		STREET ADDRESS		
NAME	98-02 CDC MANAGER, L.L.C.		CITY-ST-ZIP		
STREET ADDRESS	50 HURT PLAZA, SUITE 300		CITY-ST-ZIP	000000185155	
CITY-ST-ZIP	ATLANTA, GA 30303		CITY-ST-ZIP	01/21/05-80004-003 150.00	
DOCUMENT #	L01000002622		STREET ADDRESS		
NAME	CHP LA MIRADA, LLC		CITY-ST-ZIP		
STREET ADDRESS	1261 GLENWOOD AVE.		CITY-ST-ZIP		
CITY-ST-ZIP	ATLANTA, GA 30316		CITY-ST-ZIP		
DOCUMENT #	P02000052055		STREET ADDRESS		
NAME	GERMAINE II LA MIRADA, INC.		CITY-ST-ZIP		
STREET ADDRESS	204 WEST 13TH STREET		CITY-ST-ZIP		
CITY-ST-ZIP	BRADENTON, FL 34205		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
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					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date <b>321-723-9200</b> <small>Cayman Phone #</small>		

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