2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

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

DOCUMENT # A95000001306

1. Entity Name
CCH VIRGINIA I, LTD.

Principal Place of Business	Mailing Address
C/O CCH VIRGINIA I, INC. 4243 NORTHLAKE BLVD., SUITE D PALM BEACH GARDENS, FL 33410	C/O CCH VIRGINIA I, INC. 4243 NORTHLAKE BLVD., SUITE D PALM BEACH GARDENS, FL 33410
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

01282005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0603888 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAROT, DILIP C/O CCH VIRGINIA I, INC. 4243 NORTHLAKE BLVD., SUITE D PALM BEACH GARDENS, FL 33410	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. $2,500.00

10. Amount of Capital Contributions in FLORIDA to date.

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 #	P95000067560	STREET ADDRESS	
NAME	CCH VIRGINIA I, INC.		
STREET ADDRESS	4243 NORTHLAKE BLVD., SUITE D	CITY-ST-ZIP	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		U00000255258
DOCUMENT #		STREET ADDRESS	03/08/05-80005-003 150.00
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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] 2/17/05 561-627-7988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #