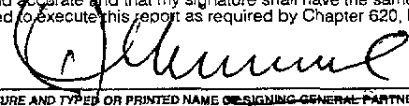


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005.

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

DOCUMENT # A95000001306 1. Entity Name CCH VIRGINIA I, LTD.					
Principal Place of Business C/O CCH VIRGINIA I, INC. 4243 NORTHLAKE BLVD., SUITE D PALM BEACH GARDENS, FL 33410			Mailing Address 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
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 BAROT, DILIP C/O CCH VIRGINIA I, INC. 4243 NORTHLAKE BLVD., SUITE D PALM BEACH GARDENS, FL 33410			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. \$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.		CITY-ST-ZIP		
STREET ADDRESS	4243 NORTHLAKE BLVD., SUITE D				
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
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)(b), 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: 			2/17/05 501-607-7488		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE