

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A95000001306

1. Entity Name
CCH VIRGINIA I, LTD.



Principal Place of Business
C/OCCHVIRGINIA, INC.
4243NORTHLAKEBLVD., SUITED
PALMBEACHGARDENS, FL33410

Mailing Address
C/OCCHVIRGINIA, INC.
4243NORTHLAKEBLVD., SUITED
PALMBEACHGARDENS, FL33410

DO NOT WRITE IN THIS SPACE

03142006 No Chg-LP

CR2E003 (11/05)

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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

DOCUMENT # P95000067560
NAME CCH VIRGINIA I, INC.
STREET ADDRESS 4243 NORTHLAKE BLVD., SUITE D
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

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700069545677
04/05/06--01040--017 **508.75

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IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Yash Pal Kakkar, Secretary of OP 3/16/06 (561) 627-7988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE