


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR -7 AM 8:23

DOCUMENT # A03000000267 1. Entity Name CMP CHP, SAN MARCOS, LTD.					
Principal Place of Business 241 PEACHTREE ST., STE. 300 ATLANTA, GA 30303				Mailing Address 241 PEACHTREE ST., STE. 300 ATLANTA, GA 30303	
2. Principal Place of Business 260 Peachtree Street Suite, Apt. #, etc. Suite 1001 City & State Atlanta, GA Zip 30303		3. Mailing Address 260 Peachtree Street Suite, Apt. #, etc. Suite 1001 City & State Atlanta, GA Zip 30303		4. FEI Number 26-0060086 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FL, INC 390 N. ORANGE AVE., STE. 1100 ORLANDO, FL 32801				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L03000006287		STREET ADDRESS	260 Peachtree St. Ste. 1001	
NAME	GP SAN MARCOS, LLC		CITY-ST-ZIP		
STREET ADDRESS	241 PEACHTREE ST., STE. 300		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30303		CITY-ST-ZIP	200070461942	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date _____ <small>Daytime Phone # _____</small>		

STAPLE CHECK HERE