A01000000212

FILED

LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

02 APR 15 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000212

1. Entity Name
CHPC Tallahassee Sunrise, Ltd.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
500 East Altamonte Drive	500 East Altamonte Drive
Suite, Apt. #, etc.: Suite 210	Suite, Apt. #, etc.: Suite 200
City & State: Altamonte Springs, FL	City & State: Altamonte Springs, FL
Zip: 32701 Country: USA	Zip: 32701 Country: USA

DUE BY MAY 1ST

4. FEI Number: 59-3698431 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: B&C Corporate Services of Central Florida, Inc

Street Address (P.O. Box Number is Not Acceptable): 390 North Orange Avenue, Suite 1100

City: Orlando FL Zip Code: 32801

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.

SIGNATURE: By: _____, Vice President DATE: 4/12/02
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $100.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # / NAME / STREET ADDRESS / CITY-ST-ZIP	L01000002168 CHPC Tallahassee Sunrise, LLC 500 East Altamonte Drive, Suite 210 Altamonte Springs, FL 32701	STREET ADDRESS CITY-ST-ZIP	900005307369--9 -04/19/02--01028--029 ****150.50 ****150.25
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STAPLE CHECK HERE

CR2E003B (12/01)

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; tha t 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.

Community Housing Partners Corporation, sole member

SIGNATURE: _____ ROBERT J. ADAMS, Vice President 4/5/02 804-278-9781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #