

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

04 APR 16 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A02000000482</b> 1. Entry Name <b>CHPC LEESBURG, LTD.</b>					
Principal Place of Business <b>500 EAST ALTAMONTE DRIVE, SUITE 210          ALTAMONTE SPRINGS, FL 32701</b>			Mailing Address <b>500 EAST ALTAMONTE DRIVE, SUITE 210          ALTAMONTE SPRINGS, FL 32701</b>		
2. Principal Place of Business <b>500 N. Maitland Ave.</b>		3. Mailing Address <b>P.O. Box 4961</b>		 01272004    Chg-LP    CR2E003 (10/03)	
Suite, Apt. #, etc. <b>Suite 103</b>		Suite, Apt. #, etc. 			
City & State <b>Maitland, FL</b>		City & State <b>Orlando, FL</b>			
Zip <b>32751</b>		Zip <b>32801</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>04-3635963</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>B&amp;C CORPORATE SERVICE OF CENT. FLA., INC.          390 NORTH ORANGE AVE., SUITE 1100          ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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. <div style="display: flex; justify-content: space-between;"> <div>SIGNATURE _____</div> <div> <b>300034383943</b>  <b>04/28/04--01021--012    **526.25</b>  <small>DATE</small> </div> </div>					
9. Capital Contributions as Shown on record <b>\$8,922,043.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	L02000007701		STREET ADDRESS	500 N. Maitland Ave, Ste. 103	
NAME	CHPC LEESBURG, LLC		CITY-ST-ZIP	Maitland, FL 32751	
STREET ADDRESS	500 EAST ALTAMONTE DRIVE, SUITE 210		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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.					
CHPC LEESBURG, LLC By: <i>H. Graham Driver</i> <b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> <b>H. Graham Driver, Vice President of Development</b>					
Date <b>4/13/04</b>				Daytime Phone # <b>904-273-9781</b>	