


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED

2004 APR 22 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A0200000956
1. Entity Name
CITY HALL HOUSING LIMITED PARTNERSHIP



Principal Place of Business: 4239 NORTHLAKE BLVD. SUITE D PALM BEACH GARDENS FL 33410 US
Mailing Address: 4239 NORTHLAKE BLVD. SUITE D PALM BEACH GARDENS FL 33410 US

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country



MOORE CR2E003 (11/03)

4. FEI Number: 20-102374 APPLICATOR
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CROSSEN, JOSEPH F
4239 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: \$5,000.00
10. Amount of Capital Contributions in FLORIDA to date: _____
11. MAKE CHECK PAYABLE TO FL 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P9600062486	STREET ADDRESS	
NAME	COMPLETE PROPERTY DEVELOPMENT CORP.	CITY-ST-ZIP	
STREET ADDRESS	4239 NORTHLAKE BLVD., SUITE D	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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05/10/04 01036 007 **150.00

STAPLE CHECK HERE

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

SIGNATURE: _____ DATE: 4-9-04 DAYTIME PHONE: 904-626-2778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER