


2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A02000000956  
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.  
3. Mailing Address Suite, Apt. #, etc.

City & State Zip Country

City & State Zip Country

4. FEI Number 20-1012374 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



02112005 Chg-LP CR2E003 (10/03)

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.

**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 #	P96000062486	STREET ADDRESS	
NAME	COMPLETE PROPERTY DEVELOPMENT CORP.	CITY-ST-ZIP	
STREET ADDRESS	4239 NORTHLAKE BLVD., SUITE D		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: 3/8/05 DAYTIME PHONE #: 561-626-2778  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE