

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 APR 24 AM 10:42



DOCUMENT # A02000000956  
 1. Entity Name  
 CITY HALL HOUSING LIMITED PARTNERSHIP

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

2. Principal Place of Business      3. Mailing Address  
~~3307 NORTHLAKE BLVD.~~      ~~3307 NORTHLAKE BLVD.~~  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE 107**      **SUITE 107**  
 City & State      City & State



04102006      Chg-LP      CR2E003 (11/05)  
 4. FEI Number      Applied For  
 20-1012374      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
CROSSEN, JOSEPH F 4239 NORTHLAKE BLVD. SUITE D PALM BEACH GARDENS, FL 33410				Name Street Address (P.O. Box Number is Not Acceptable) <del>3307 NORTHLAKE BLVD.</del> <b>SUITE 107</b> 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  
 SIGNATURE: JOSEPH F. CROSSEN      DATE: 4-18-06

**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 #	P96000062486	STREET ADDRESS	<del>3307 NORTHLAKE BLVD, STE 107</del>
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	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

800074077888  
 05/05/06--01043--031 \*\*500.00

STAPLE CHECK HERE

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: [Signature]      DATE: 4-18-06      DAYTIME PHONE #: 561-626-2778

JOSEPH F. CROSSEN