


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 25 AM 10:44

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



Principal Place of Business Mailing Address
 3307 NORTHLAKE BLVD 3307 NORTHLAKE BLVD
 SUITE 107 SUITE 107
 PALM BEACH GARDENS, FL 33403 US PALM BEACH GARDENS, FL 33403 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04102008 Chg-LP CR2E003 (12/06)

City & State City & State

4. FEI Number Applied For
 20-1012374 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 CROSSEN, JOSEPH F
 3307 NORTHLAKE BLVD
 SUITE 107
 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 33403

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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

500125285225
 04/23/08--01005--018 **500.00

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

DOCUMENT #	P96000032486
NAME	COMPLETE PROPERTY DEVELOPMENT CORP.
STREET ADDRESS	3307 NORTHLAKE BLVD STE 107
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33403
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

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: JOSEPH CROSSEN 4-15-08 561-626-2778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Cayman Phone #