2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
04 APR 16 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A02000001205

1. Entity Name
CHPC GAINESVILLE KENNEDY, LTD.

Principal Place of Business	Mailing Address
~~500 EAST ALTAMONTE DRIVE, SUITE 210~~ ~~ALTAMONTE SPRINGS, FL 32701~~	P.O. BOX 4961 ORLANDO, FL 32802-4961

01272004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
500 N. Maitland Ave.	
Suite, Apt. #, etc. Suite 103	Suite, Apt. #, etc.
City & State Maitland, FL	City & State
Zip / Country 32751 / USA	Zip / Country

4. FEI Number
57-1145714
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801	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.	10. Amount of Capital Contributions in FLORIDA to date.
$50.00	

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 #	L02000023030		
NAME	CHPC GAINESVILLE KENNEDY, L.L.C.		
STREET ADDRESS	~~500 EAST ALTAMONTE DRIVE, SUITE~~ 210	STREET ADDRESS	500 N. Maitland Ave, Ste 103
CITY-ST-ZIP	~~ALTAMONTE SPRINGS, FL 32701~~	CITY-ST-ZIP	Maitland, FL 32751
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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 Gainesville Kennedy, L.L.C.
By: Community Housing Partners Corporation, its managing member

SIGNATURE: _____ 4/13/04 804-278-9731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

H. Graham Driver, Vice President of Development