2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR -7 AM 8:23

DOCUMENT # A03000000267

1. Entity Name
CMP CHP SAN MARCOS, LTD.

Principal Place of Business	Mailing Address
241 PEACHTREE ST., STE. 300 ATLANTA, GA 30303	241 PEACHTREE ST., STE. 300 ATLANTA, GA 30303

2. Principal Place of Business		3. Mailing Address	
260 Peachtree Street		260 Peachtree Street	
Suite, Apt. #, etc.: Suite 1001		Suite, Apt #, etc.: Suite 1001	
City & State: Atlanta, GA		City & State: Atlanta, GA	
Zip: 30303	Country: USA	Zip: 30303	Country: USA

01172006 Chg-LP CR2E003 (11/05)

4. FEI Number: 26-0060086 — 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 FL, INC 390 N. ORANGE AVE., STE. 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. DATE

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 # NAME STREET ADDRESS CITY-ST-ZIP	L03000006287 GP SAN MARCOS, LLC 241 PEACHTREE ST., STE. 300 ATLANTA, GA 30303	STREET ADDRESS CITY-ST-ZIP	260 Peachtree St. Ste. 1001
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #