

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 16 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000454

1. Entity Name
CHPC LEESBURG SILVER POINTE, LTD.



Principal Place of Business
500 EAST ALTAMONTE DRIVE, SUITE 210
ALTAMONTE SPRINGS, FL 32701

Mailing Address
P.O. BOX 4961
ORLANDO, FL 32802-4961

Handwritten initials



2. Principal Place of Business

500 N. Maitland Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite 103

Suite, Apt. #, etc.

City & State

Maitland, FL

City & State

Zip

32751

Country

USA

Zip

Country

01272004

Chg-LP

CR2E003 (10/03)

4. FEI Number

55-0824574

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FL, INC.
390 NORTH ORANGE AVE., SUITE 1100
ORLANDO, FL 32801

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

Signature typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions as Shown on record.

\$50.00

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 # L03000010092
NAME CHPC LEESBURG SILVER POINTE, LLC
STREET ADDRESS 500 EAST ALTAMONTE DRIVE, SUITE 210
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

STREET ADDRESS 500 N. Maitland Ave., Ste. 103
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 LEESBURG SILVER POINTE, LLC
BY: Community Housing Partners Corporation, its managing member
SIGNATURE: *H. Graham Driver*

4/13/04

804-278-9781

H. Graham Driver, Vice President of Development