2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
06 MAY -1 PM 1:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A03000000454

1. Entity Name
CHPC LEESBURG SILVER POINTE, LTD.

Principal Place of Business	Mailing Address
500 N. MAITLAND AVE., SUITE 103 MAITLAND, FL 32751	P.O. BOX 4961 ORLANDO, FL 32802-4961

04142006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business		3. Mailing Address	
Community Housing Partners		930 Cambria St. NE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Christiansburg, VA	
Zip	Country	Zip: 24073	Country: USA

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	7. Name and Address of New Registered Agent
B&C CORPORATE SERVICES OF CENTRAL FL, INC. 390 NORTH ORANGE AVE., 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 ______ 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 #	L03000010092	STREET ADDRESS	
NAME	CHPC LEESBURG SILVER POINTE, LLC		
STREET ADDRESS	500 N. MAITLAND AVE., SUITE 103	CITY-ST-ZIP	
CITY-ST-ZIP	MAITLAND, FL 32751		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	900075024479 05/22/06--01029--022 **500.00
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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: ______ 4/25/06 540-382-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

Jeffrey K. Reed