


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A03000000454		
1. Entity Name CHPC LEESBURG SILVER POINTE, LTD.		

FILED

07 MAY 24 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business COMMUNITY HOUSING PARTNERS 500 N. MAITLAND AVE., SUITE 103 MAITLAND FL 32751	Mailing Address 930 CAMBRIA ST. NE CHRISTIANSBURG VA 24073
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2. Principal Place of Business - No P.O. Box # <i>Community Housing Partners</i>	3. Mailing Address <i>930 Cambria St NE</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E003 (10/06)

City & State <i>Christiansburg VA</i>	City & State <i>Christiansburg VA</i>
Zip <i>24073</i>	Country <i>USA</i>

4. FEI Number 55-0824574	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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	L03000010092 CHPC LEESBURG SILVER POINTE, LLC 500 N. MAITLAND AVE., SUITE 103 MAITLAND FL 32751	STREET ADDRESS CITY-ST-ZIP	300103639323 06/01/07--01007--025 **500.00
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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/07

540-382-2002

Date

Daytime Phone #

STAPLE CHECK HERE