


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

Filed
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR -4 AM 11:57

DOCUMENT # A03000001053

1. Entity Name
 CHANTILLY ASSOCIATES, LTD.



Principal Place of Business
 ONE S.E. THIRD AVENUE, SUITE 3050
 MIAMI, FL 33131

Mailing Address
 ONE S.E. THIRD AVENUE, SUITE 3050
 MIAMI, FL 33131

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

01052004 Chg-LP CR2E003 (10/03)

4. FEI Number
 73-1674138

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENBERG, DONALD S
 ONE S.E. THIRD AVENUE, SUITE 3050
 MIAMI, FL 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$0.00

10. Amount of Capital Contributions in FLORIDA to date. \$4,800,000.00

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	
DOCUMENT #	L03000026852
NAME	KGN/BRADLEY ASSOCIATES CHANTILLY, LLC
STREET ADDRESS	ONE S.E. THIRD AVENUE, SUITE 3050
CITY- ST- ZIP	MIAMI, FL 33131
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	600030597676
CITY- ST- ZIP	03/17/04--01019--020 **480.00
STREET ADDRESS	600030597676
CITY- ST- ZIP	03/17/04--01019--021 **55.00
STREET ADDRESS	
CITY- ST- ZIP	
STREET ADDRESS	
CITY- ST- ZIP	
STREET ADDRESS	
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

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 2-3-04
 Daytime Phone #

STAPLE CHECK HERE