

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -1 AM 8:37

DOCUMENT # A04000000829

1. Entity Name

CHOWDER BAY APARTMENT ASSOCIATES, LTD.



Principal Place of Business

900 SE 3RD AVENUE, SUITE 201
FORT LAUDERDALE, FL 33316

Mailing Address

900 SE 3RD AVENUE, SUITE 201
FORT LAUDERDALE, FL 33316

2. Principal Place of Business

1215 S.E. 2nd Avenue

3. Mailing Address

1215 S.E. 2nd Avenue

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33316

Country

Zip

33316

Country

02042005

Chg-LP

CR2E003 (10/03)

4. FEI Number

20-117297

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COFFEY, KEVIN
900 SE 3RD AVENUE, SUITE 201
FORT LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent

Name

Coffey, Kevin

Street Address (P.O. Box Number is Not Acceptable)

1215 S.E. 2nd Avenue

Suite 201

City

Fort Lauderdale

FL

Zip Code

33316

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.

\$1,000.00

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

DOCUMENT #

L04000037766

NAME

MRI CHOWDER BAY BP, LLC

STREET ADDRESS

900 SE 3RD AVENUE, SUITE 201

CITY-ST-ZIP

FORT LAUDERDALE, FL 33316

13. ADDRESS CHANGES ONLY

STREET ADDRESS

1215 S.E. 2nd Avenue; Suite 201

CITY-ST-ZIP

Fort Lauderdale, FL 33316

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

500050510605
04/12/05--01010--006 **141.25

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Kevin M Coffey

2-7-05

Date

954 521-9692

Daytime Phone #

STAPLE CHECK HERE