2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

FILED

DOCUMENT # A0400001218 1. Entity Name CHRIST-HAYDEN PARTNERSHIP, LTD.						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 2281 LEE ROAD, #204 WINTER PARK, FL 32789 Mailing Address 2281 LEE ROAD, #204 WINTER PARK, FL 32789									
2. Principal Place of Business			3. Mailing Address					Adapta de la constitución de la	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		02032005	Chg-LP	CR2E00	3 (10/03)	
City & State			City & State			4. FEI Number	14108	191	Applied For Not Applicable
Zip	Zip Country		Zip Countr		try	5. Certificate of	Status Desired		8.75 Additional ee Required
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name				
AVERY, DELL 2281 LEE ROAD, #204 WINTER PARK, FL 32789					Street Address (P.O. Box Number is Not Acceptable)				
			<u> </u>		City				
The above named entity submits this statement for the purpose of changing its re					City	FL Zip Code			
	named entity submits the ions of registered agent.	s statement for the	purpose of changing its	registere	ed office or registe.	red agent, or both	, in the State of F	lorida. I am fa	miliar with, and accept
SIGNATURE	Signature, typed or printed name of	of registered agent and title	if applicable					DATE	
9. Capital Co	otributions		10. Amount of Capita	al Contrib	outions		Τ	DATE	
as Shown			in FLORIDA to di		30.1313				
-	A GENERAL I	PARTNER THAT	IS A BUSINESS EN OT be changed on t	ITITY M he form	UST BE REGIS	TERED AND AC	TIVE WITH T	HIS OFFICE	ner.
12.	GENERAL PARTNER INFORMATION				3. ADDRESS CHANGES ONLY				
DOCUMENT / NAME					ET ADDRESS				
STREET ADDRESS	STREET ADDRESS 2281 LEE ROAD, #204		CIT		-ST-ZIP			-	
CITY-ST-ZIP	Y-S1-ZIP WINTER PARK, FL 32789 CUMENT /				- ST EX				
NAME	NAME								
STREET ADDRESS CHY-ST ZIP									
DOCUMENT # NAME				STRE	ET ADDRESS	80	00054	2033	388
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP	05/10/	/050103	77009	**141.25
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STREET ADDRESS CITY-ST-ZIP				CITY	·ST-ZIP				
DOCUMENT #				STRE	EET ADDRESS				
STREET ADDRESS CITY-SI-7IP				CHTY	-SI-ZIP				
14. I hereby indicated the receive	certify that the information on this report is frue and yer or trustee empowered	supplied with this accurate and that to execute this ten	filing does not qualify fo my signature shall have ort as required by Chap	r the exe the same ster 620,	mption stated in Se e legal effect as if r Florida Statutes	ection 119.07(3)(i) made under oath	, Florida Statutes that I am a Gene	i. I further certi ral Partner of t	fy that the information he limited partnership or