


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

05 FEB 14 PM 1:22
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001923			
1. Entity Name HARBOR POINTE HOUSING, LTD.			
Principal Place of Business THE BRANDYWINE CENTRE 1 580 VILLAGE BLVD., SUITE 120 WEST PALM BEACH, FL 33409		Mailing Address THE BRANDYWINE CENTRE 1 580 VILLAGE BLVD., SUITE 120 WEST PALM BEACH, FL 33409	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE, 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	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. \$50.00		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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L04000089786	STREET ADDRESS	
NAME	HARBOR POINTE GP, LLC	CITY-ST-ZIP	
STREET ADDRESS	580 VILLAGE BLVD., SUITE 120		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		
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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: <i>Harbor Pointe GP, LLC, its general partner</i> <i>By: TRS member, LLC, its sole member</i>		Date: <i>2/10/05</i> 203 869-0900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <i>Arish M. Miller, President</i>		Daytime Phone #	

STAPLE CHECK HERE