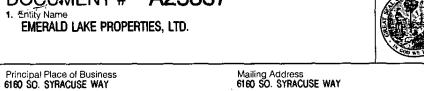
## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A	<b>\258</b>	357
--------------	-------------	-----





GREENWOOD VILLAGE CO 80111		GREENWOOD VILLAGE CO 80111				) (#9161) (#16 1/40/ 31/#) (#16) #17) (#0) #18)/ #18]) #18]) #18]) #18]) #18]			
Principal Place of Business     A. Mailing A.			iling Address			430			
Suite, Apt. #, etc. Suite, Ap		e, Apt. #, etc.			DUE BY MAY 1, 2003				
City & State City			City & State			4. FEI Number 59-3227833 Applied For Not Applicable			
Zip Country Zip C			Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				ed Agent		7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY					,	Name			
CORPORATION SERVICE COMPANY						Street Address (P.O. Box Number is Not Acceptable)			
1201 HAYS STREET TALLAHASSEE FL 32301-2525									
						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	Signature, typed	or printed name of registered agent ar	nd title if ap	olicable.	<del></del>		DATE		
9. Capital Contributions \$1 030 784 00 10. Amount of Capital Contributions 11. MAXI: CHECK PA						11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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 filled to change a general partner.									
12.		GENERAL PARTNER	INFORM	MATION	13.		ADDRESS CHANGES ONLY		
DOCUMENT # NAME	F93000004837 CHATEAU COMMUNITIES, INC. 6160 SO. SYRACUSE WAY GREENWOOD VILLAGE CO 80111			STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP	800017349558 04/20/030:018015 ***526.25			
DOCUMENT # NAME			_		STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP			
DOCUMENT #					STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP	·		
DOCUMENT #		-y			STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP			
DOCUMENT #		· · · · · · · · · · · · · · · · · · ·			STRE	ET ADDRESS			
STREET ADDRESS					CITY	-ST-ZIP			
DOCUMENT #					STRE	ET ADDRESS			
STREET ADDRESS  CITY-ST-ZIP					CITY	-ST-ZIP			
indicatéd	on this repor	e information supplied with t is true and accurate and t empowered to execute this	hat my s	ignature shall have t	he same	e legal effect as if	ection 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership or		

SIGNATURE: \_

SIAPLE CHEUN HEME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #