2005 LIMITED PARTNERSHIP ANNUAL REPORT FILED

Mar 14, 2005 08:00 AM

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* Due By May 1, 2005					Secretary of State			
DOCUMENT # A31544						Secret	ary of	State
1. Entity Name COLONIAL HOUSING PARTNERS, LTD.								
Principal Place of Business Mailing Address					1	•		
1551 SANDSPUR ROAD		% BROAD AND CASSEL						
MAITLAND, FL 32751 P.O. BOX 4961		P.O. BOX 4961	-					
ORLANDO, FL 32802-496			-4961					
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102005	Chg-LP	CR2E00	·	
City & State		City & State			4. FEI Number 59-3030			Applied For Not Applicable
Zip	Country	Zip	Cour	ntry		f Status Desired	Fe Fe	8.75 Additional se Required
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent ne			
B & C CORPORATE SERVICES OF CENTRAL FLORIDA, INC.				Street Address (P O Box Number is Not Acceptable)				
390 NORTH ORAN ORLANDO, FL 32	1100							
,				City	FL Zip Code			Zip Cade
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. \$4,171,837.06 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# A92000000009				EET ADDRESS				
NAME CED CAPITAL HOLDINGS I, LTD. STREET ADDRESS 1551 SANDSPUR ROAD								
CITY-ST-ZIP MAITLAND, FL 32751			CITY	r-St-ZIP				
DOCUMENT F NAME			STR	EET AODRESS				
STREET ADDRESS City-SI-ZIP			CITY	r-ST-ZIP				
DOCUMENT # NAME	'		STR	EET ADDRESS		(10000) -03214205)262586 -20060-1	307 52 6 25
STREET ADDRESS CITY+ST-ZIP			CITY	r-SI-ZiP				
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STREET AODRESS CITY+ST-ZIP			CITY	r - ST - ZIP				
DOCUMENT # NAME			SIR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	r-ST-ZIP				
DOCUMENT F NAME SI			SIR	EET ADDRESS				
SHREEL ADDRESS CLTY+S1-ZIP			CITY	r SI 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								
MICHAELU, SCIARRINO, PRES.								