2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A31544

1. Entity Name COLONIAL HOUSING PARTNERS, LTD.



FILED 03 APR 14 PM 2: 26

TALLAHASSEE, FLORIDA

Principal Place of Business 1551 SANDSPUR ROAD MAITLAND, FL 32751

Mailing Address % BROAD AND CASSEL P.O. BOX 4961 ORLANDO, FL 32802-4961

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2. Principal Place of Business		3. Mailing Addres	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.		DUE BY MAY 1, 200	3
City & State		City & State	City & State		4. 4. FEI Number 59-3030561	Applied For Not Applicable
Zip	Country	Zip	Zip Count		5. 5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					7. 7. Name and Address of New Registered	Agent
				Name		
B & C CORPORATE SERVICES OF CENTRAL FLORIDA, INC. 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801				Street Address (P.O.*.O. Box Number is Not Acceptable)		
				City	F	
8. The above named entity submits this statement for the purpose of changing its registered office or registered and 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 tide if applicable.					CATE	
9. Capital Co as Shown of	ntributions on record. \$4,171,837.06		Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABI SEE REVERSE SIDE (F	E TO FLE DEPT OF STATE OR FEEUNFORMATION
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment mt must be filled to change a general partner.						
12. GENERAL PARTNER INFORMATION			13.		ADDRESS CHANGES OF	NLY
DOCUMENT #	ADD CARDA LIGHT BRICK LATE			ET.ADDRESS		
NAME CED CAPITAL HOLDINGS I, LTD. STREET ADDRESS 1561 SANDSPUR ROAD						
CITY-ST-ZIP				-ST-ZIP		
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STHEET ADDRESS CITY-S1-ZIP			. cut	-51-2IP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sectiontion 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 madeade 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:

STAPLE CHECK HERE

MICHAEL OR PRINTED NAME OF SIGNING GENERAL PARTHEB

Cate

Daytime Phone #