## 20<u>04 LIMITED PARTNERSHIP ANNUAL REPORT</u> Due By May 1, 2004

## FILED Apr 23, 2004 08:00 AM Secretary of State

DOCUMENT # A9500000238  1. Entity Name CHIMNEY RIDGE PARTNERS II, LIMITED PARTNERSHIP							, c	eci eta	ry of State
Principal Place of Business 1551 SANDSPUR ROAD MAITLAND, FL 32751			Mailing Address C/O BROAD AND CASSEL P.O. BOX 4961 ORLANDO, FL 32802-4961						14 <b>50</b> 1451 1651 165
2. Principal Place of Business			3. Mailing Address						
Suite, Apt	#, etc	\$	Suite, Apt # etc.			03162004	Chg-LP	CR2E003	3 (10/03)
City & State		(	City & State			4. FEI Number 59-3313			Applied For Net Applicable
Zip	Country		ip	Coun	try		f Status Desired		8.75 Additional
	6. Name and Address of Cu	rent Regist	ered Agent		Name	7. Name and	Address of Nev	v Registered Ag	<u>-</u>
B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801					Street Address (P.O. Box Number is Not Acceptable)				
					City			FL	Zip Code
B. The above	named entity submits this statem	ent for the p	urpose of changing i	ts registere	ed office or registe	red agent, or both	, in the State of		niliar with, and accept
	ons of registered agent,								
	Signature, typed or printed name of registered	agent and title i	applicable					DAT	
B. Capital Cor as Shown o	on record. \$5,910,149.00	)	<ol> <li>Amount of Cap in FLORIDA to</li> </ol>		outions				
	A GENERAL PARTN NOTE: General Partners	ER THAT	S A BUSINESS E	NTITY M	UST BE REGIS	TERED AND A	CTIVE WITH	THIS OFFICE.	er
12.	GENERAL PAR			13.	,			HANGES ONLY	
OCUMEN1 # JAME	A95000000744 CED CAPITAL HOLDINGS IV B, LTD.			STRE	ET ADDRESS				
TREET ADDRESS	1551 SANDSPUR ROAD	-, -, -,		CITY	-SI - ZIP				
aly-SI-dP	MAITLAND, FL 32751								
IOCUMENT # IAME	F95000000803 AMERICAN HOUSING FOUNDATION III, INC.			STPE	F1 ADDRESS	. U0000 <b>0</b> 136656			
TREET ADDRESS	1405 BEN FRANKLIN COURT			CITY	ST-ZIP	09/29/04-80014-018 526.25			
OCUMENT#	MARIETTA, GA 30062							<del></del> .	
AME				STRE	ET ADDRESS				
TREET ADDRESS				CITY	-ST-ZIP				
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SIREET ADORESS CITY - ST - ZIP				CITY	-ST-ZIP				
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name Street address						<del></del>			
CITY-ST ZIF				CHY	-ST-ZIP				
oggument # Name				STRE	ET ADDRESS				
STREET ADDRESS City St Zip				CiTY	-ST-ZIP			-	
indicated	erity that the information supplied on this report is true and accurate or or trustee empowered to execute the contract of the	e and that m	y signature shall hav	re the same apter 620, l	e legal effect as if i	made under oath.	Florida Statute that I am a Gen	eral Partner of th	r that the information e limited partnership 147 - PS00

TRICIA DODAN VICE Prolident