

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000001417					
1. Entity Name CHIMNEY POINT, LTD.					
Principal Place of Business 13607 N.W. 50TH AVE. GAINESVILLE, FL 32606			Mailing Address 13607 N.W. 50TH AVE. GAINESVILLE, FL 32606		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04132004 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 59-3395287	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FOGG, ALAN S 217 SOUTH PLANTATION CIRCLE PONTE VEDRA BEACH, FL 32082				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. \$5,900,000.00			10. Amount of Capital Contributions in FLORIDA to date 0		
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 #	P96000058270			STREET ADDRESS	
NAME	CHIMNEY POINT MANAGEMENT, INC.			CITY - ST - ZIP	
STREET ADDRESS	13607 N.W. 50TH AVE.			STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE, FL 32606			CITY - ST - ZIP	
DOCUMENT #				STREET ADDRESS	
NAME				CITY - ST - ZIP	
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CITY - ST - ZIP				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:				4/16/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date Daytime Phone #</small>	

STAPLE CHECK HERE