

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 14 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04062005 Chg-LP CR2E003 (10/03)

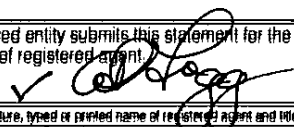
4. FEI Number 59-3395287	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
FOGG, ALAN S 217 SOUTH PLANTATION CIRCLE PONTE VEDRA BEACH, FL 32082	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 13607 N.W. 50th Ave	
Gainesville Florida	
City	FL Zip Code 32606

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 4/8/05

9. Capital Contributions as Shown on record. \$5,900,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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.		
CITY-ST-ZIP	GAINESVILLE, FL 32606		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
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:  DATE 4/8/05

STAPLE CHECK HERE