

2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A97000002404

1. Entity Name  
C.H.I. PROPERTIES LTD.



Principal Place of Business  
2665 NE 37TH DRIVE  
FORT LAUDERDALE, FL 33308

Mailing Address  
2665 NE 37TH DRIVE  
FORT LAUDERDALE, FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02242005

Chg-LP

CR2E003 (10/03)

4. FEI Number

65-0793489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHI PROPERTIES INC  
2665 NE 37TH DRIVE  
FT LAUDERDALE, FL 33308

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$1,800,000.00

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 # P97000092273  
NAME C.H.I. PROPERTIES, INC.  
STREET ADDRESS 2665 NE 37TH DRIVE  
CITY - ST - ZIP FT LAUDERDALE, FL 33308

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/14/05

Date

954-564-2665

Daytime Phone #

STAPLE CHECK HERE