

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 12 AM 8:40

DOCUMENT # B03000000403

1. Entity Name
 CHAMPIONSGATE CONDO I, LP



Principal Place of Business
 4669 SOUTHWEST FREEWAY, STE 400
 HOUSTON, TX 77027

Mailing Address
 4669 SOUTHWEST FREEWAY, STE 400
 HOUSTON, TX 77027



2. Principal Place of Business - No P.O. Box #

3120 Southwest Freeway

Suite, Apt. #, etc.

Suite 200

City & State

Houston, TX

Zip

Country

77098-4524

3. Mailing Address

3120 Southwest Freeway

Suite, Apt. #, etc.

Suite 200

City & State

Houston, TX

Zip

Country

77098-4524

01082008 Chg-LP CR2E003 (12/06)

4. FEI Number

80-0108089

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

I, 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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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

DOCUMENT # M030000004005
 NAME CHAMPIONSGATE CONDO I GP, LLC
 STREET ADDRESS 4669 SOUTHWEST FREEWAY, STE. 400
 CITY-ST-ZIP HOUSTON, TX 77027

13. ADDRESS CHANGES ONLY

STREET ADDRESS 3120 Southwest Freeway, Ste 200
 CITY-ST-ZIP Houston, TX 77098-4524

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

IRA MITZNER 1/11/08 713-961-3835

Date

Daytime Phone #

STAPLE CHECK HERE