
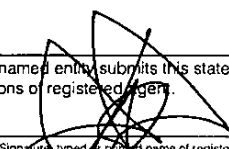
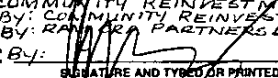


2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED

2005 APR -8 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B04000000177			
1. Entity Name COMMUNITY REINVESTMENT PARTNERS, LP			
Principal Place of Business 8000 NORTH FEDERAL HIGHWAY, SUITE 310 BOCA RATON, FL 33486		Mailing Address 8000 NORTH FEDERAL HIGHWAY, SUITE 310 BOCA RATON, FL 33486	
2. Principal Place of Business		3. Mailing Address 3399 PGA BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 450	
City & State		City & State PALM BEACH GARDENS, FL	
Zip	Country	Zip	Country
		33410	
4. FEI Number		Applied For	
02032005 Chg-LP CR2E003 (10/03)		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131-3103		Name PETER D. CUMMINGS & ASSOCIATES, INC. Street Address (P.O. Box Number is Not Acceptable) 3399 PGA BLVD, SUITE 450 City PALM BEACH GARDENS FL Zip Code 33410	
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  DAVID A. DEAN, VICE PRESIDENT DATE			
9. Capital Contributions as Shown on record. \$43,500,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$43,500,000.00	
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M04000001531	STREET ADDRESS	3399 PGA BLVD, SUITE 450
NAME	COMMUNITY REINVESTMENT PARTNERS, LLC	CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
STREET ADDRESS	8000 NORTH FEDERAL HIGHWAY, SUITE 310		
CITY-ST-ZIP	BOCA RATON, FL 33486		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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			
BY: COMMUNITY REINVESTMENT PARTNERS, LLC, GENERAL PARTNER BY: RANIERA PARTNERS, LLC, MANAGER			
SIGNATURE:  KEITH L. CUMMINGS, MANAGER		Date 4-5-05 (561) 630-6110	

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