


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005**

FILED

05 AUG -1 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # B95000000479			
1. Entity Name CHARLESTON PLACE ASSOCIATES OF ILLINOIS, LIMITED PARTNERSHIP			
Principal Place of Business 345 CANAL STREET, SUITE 201 CHICAGO, IL 60606		Mailing Address 345 CANAL STREET, SUITE 201 CHICAGO, IL 60606	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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. \$8,723,418.00		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 #	M00000001815	STREET ADDRESS	
NAME	CP ASSOCIATES, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	345 CANAL STREET, SUITE 201		
CITY-ST-ZIP	CHICAGO, IL 60606		
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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: <i>Robert Mayer</i>		Date: 7/7/05 (312) 454-1626 x104	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	
Sole member of G.P.			

STAPLE CHECK HERE

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ChrisKen Residential Trust

B95000000479

345 North Canal Street
Suite 201
Chicago, Illinois 60606
phone: 312-454-1626
fax: 312-454-1627

www.chrisken.com

July 28, 2005

Mr. Buck Kohr
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Charleston Place Associates of Illinois, Limited Partnership
Ref. Number B95000000479

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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Dear Mr. Kohr:

Earlier this month the enclosed annual report was filed in response to a notice of pending disqualification. The State is now seeking a \$400.00 late fee. I was advised today that the original due date was May 1, 2005 and that the State sent a reminder post card to the Partnership in January. We did not receive the January post card. Therefore, I am requesting that the State waive the late fee and accept the enclosed report.

Sincerely,

Robert Mayer
Executive Vice President - Finance