

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
04 APR 16 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # L01000002168	
1. Entity Name CHPC TALLAHASSEE SUNRISE, LLC	



Principal Place of Business 500 EAST ALTAMONTE DRIVE, SUITE 210 ALTAMONTE SPRINGS, FL 32701	Mailing Address 500 EAST ALTAMONTE DRIVE, SUITE 210 ALTAMONTE SPRINGS, FL 32701
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2. Principal Place of Business 500 N. Maitland Ave. Suite, Apt. #, etc. Suite 103 City & State Maitland, FL Zip 32751 Country USA		3. Mailing Address P.O. Box 4961 Suite, Apt. #, etc. City & State Orlando, FL Zip 32801 Country USA	
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01272004 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3698430	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COMMUNITY HOUSING PARTNERS CORPORATION 930 CAMBRIA STREET, NE CHRISTIANBURG, VA 24073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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04/22/04-01035-008 **50.00

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: <i>H. Graham Driver</i> H. Graham Driver, Vice President of Development	4/13/04	804-278-9781
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