2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000023030

1. Entity Name
CHPC GAINESVILLE KENNEDY, LLC

Principal Place of Business	Mailing Address
~~500 EAST ALTAMONTE DRIVE, SUITE 210~~ ~~ALTAMONTE SPRINGS, FL 32701~~	~~500 EAST ALTAMONTE DRIVE, SUITE 210~~ ~~ALTAMONTE SPRINGS, FL 32701~~

01272004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
500 N. Maitland Ave.	P.O. Box 4961
Suite, Apt. #, etc. Suite 103	Suite, Apt. #, etc.
City & State Maitland, FL	City & State ORLANDO, FL
Zip / Country 32751 / USA	Zip / Country 32801 / USA

4. FEI Number
54-1023025
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801	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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ~~COMMUNITY HOUSING PARTNERS CORP.~~ 930 CAMBRIA ST. NE CHRISTIANSBURG, VA 24073 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Community Housing Partners Corporation
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500033553985 04/22/04--01035--004 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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.

Community Housing Partners Corporation

SIGNATURE: H. Graham Driver 4/13/04 804-278-9791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

H. Graham Driver, Vice President of Development