

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 APR 16 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NR



01272004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000000871					
1. Entity Name CHPC GAINESVILLE HORIZON SUNSET, 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		
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		4. FEI Number 54-1023025 Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				7. Name and Address of New Registered Agent	
6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FLORIDA, 390 N. 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 _____ (NOTE: Registered Agent Signature required when reappointing) DATE _____					
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 CORPORATION 930 CAMBRIA STREET NE CHRISTIANSBURG, VA 24073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	930 Cambria Street NE	<input checked="" 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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900033554029 04/22/04--01035--005	<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
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
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: <i>H. Graham Driver</i>			4/13/04 804-273-9781		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		
H. Graham Driver, Vice President of Development					