
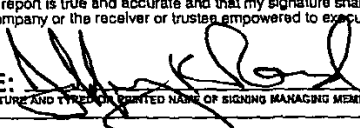


FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90028 002 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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| DOCUMENT # L03000000871 | |  |
| 1. Entity Name CHPC GAINESVILLE HORIZON SUNSET, LLC | | |
| Principal Place of Business 500 NORTH MAITLAND AVE., SUITE 103 MAITLAND, FL 32751 | | Mailing Address P.O. BOX 4961 ORLANDO, FL 32801 |
| 2. Principal Place of Business Community Housing Partners Suite, Apt. #, etc. | | 3. Mailing Address 930 Cambria St. NE Suite, Apt. #, etc. |
| City & State | | City & State Christiansburg, VA |
| Zip | Country | Zip 24073 Country USA |
| 6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FLORIDA, 390 N. ORANGE AVENUE SUITE 1100 ORLANDO, FL 32801 | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reselecting)</small> | | |
| DATE _____ | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | 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 <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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| 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 exemptions contained in Chapter 119, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | 4/25/06 SH-382-2002 Date Daytime Phone # |

Jeffrey K. Reed