2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000057433

1. Entity Name

CHATHAM APARTMENTS OF ORLANDO, INC.



00

Principal Place of Business

30 ST. CLAIR AVE. WEST

SUITE 1100

TORONTO, ONTARIO CAN M4V 3A1,

Mailing Address

30 ST. CLAIR AVE. WEST

SUITE 1100

TORONTO, ONTARIO CAN M4V 3A1,

03102004

No Chg-P

CR2E034 (10/03)

FILED

Mar 17, 2004 08:00 AM Secretary of State

4. FEI Number 98-0112066

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

WHITAKER, COLE

DO NOT WRITE

800 N. MAGNOLIA AVENUE, SUITE 450 ORLANDO, FL 32803		IN THIS SPACE	
 The above named entity submits this statement for the p the obligations of registered agent. 	ourpose of changing its registered office	ce or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, gued or printed name of registered agent and tiffe 3 applicable. (NOTE Registered.		signature required when (dinstaling)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	Election Campalgn Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	U00000090229 03/17/04-80010-005 150.00
10. OFFICERS AND DIRECT ITTLE D MEDOFF, RONALD A STREET ADDRESS CITY-57-20P TORONTO, ONTARIO CAN M4V 3A1 TITLE D HOFFER, MAYER STREET ADDRESS CITY-51-20P TORONTO, ONTARIO CAN M4V 3A1 TITLE D HOFFER, MAYER STREET ADDRESS CITY-S1-20P TORONTO, ONTARIO CAN M4V 3A1 TITLE NAME STREET ADDRESS CITY-S1-20P)	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP		1N	THIS SPACE

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attach fight with an appears, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO