

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
05 FEB 14 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001738					
1. Entity Name CLAYMORE HOUSING, LTD.					
Principal Place of Business BRANDYWINE CENTRE 1, 580 VILLAGE BLVD., SUITE 120 WEST PALM BEACH, FL 33409			Mailing Address P.O. BOX 4961 ORLANDO, FL 32802-4961		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 01102005 Chg-LP CR2E003 (10/03) 20-1847274	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH 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			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.					
9. Capital Contributions as Shown on record. \$50.00			10. Amount of Capital Contributions in FLORIDA to date.		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L04000080360		STREET ADDRESS		
NAME	CLAYMORE HOUSING GP, LLC		CITY-ST-ZIP		
STREET ADDRESS	580 VILLAGE BLVD., SUITE 120				
CITY-ST-ZIP	WEST PALM BEACH, FL 33409				
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CITY-ST-ZIP					
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
By: <i>Claymore Housing GP, LLC, its general partner</i> <i>TRE member, LLC, its sole member</i>					
SIGNATURE: _____			Date: 2/10/05 203 869-0900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <i>Kristin M. Miller, President</i>					

STAPLE CHECK HERE