

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC -4 AM 10: 54

1. Name of Limited Partnership	1a. DOCUMENT # A06329
HOUSING ASSISTANCE OF MT. DORA, LTD.	



Mailing Address 1225 EYE STREET, N.W., SUITE 200 WASHINGTON DC 20005	Principal Office Address 1225 EYE STREET, N.W., SUITE 200 WASHINGTON DC 20005	3. Date Formed or Registered 02/20/1978	5a. Capital Contributions as Shown on record. \$100.00
2. Mailing Address 1873 BELLAIRE STREET SUITE 1700 DENVER CO 80222-4348	2a. Principal Office Address 1873 S. BELLAIRE ST. SUITE 1700 DENVER CO 80222-4348	3a. Date of Last Report 04/08/1998	5b. Amount of Capital Contributions in FLORIDA to date: \$100.00
		4. State or Country of Formation FL	6. FBI Number 52-1880750
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
CONDEV CORPORATION	1215 LOUISIANA AVE	WINTER PARK FL	K45010
NATIONAL HOUSING PART	1225 EYE ST., NW., S	WASHINGTON DC 20005	A06999
			300002638403--8
			MK 12/4/98

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

THE NATIONAL HOUSING PARTNERSHIP (GP TO HOUSING ASSISTANCE OF MT. DORA, LTD)

SIGNATURE BY: Cheryl E. Gaudschmitt DATE: 11/16/98
 ASSISTANT SECRETARY
 TYPED OR PRINTED NAME OF GENERAL PARTNER SIGNING FORM: CHERYL E. GAUDSCHMITT DAYTIME TELEPHONE NUMBER: (202) 216-2933

CR2E003 (8/98)