2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG GENERAL PARTNER

CHECK

STAPLE

DOCUMENT # A95000000815 1. Entity Name CED PITTSFIELD HOUSING PARTNERS, LTD. 03 APR 14 PM 2:27 TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 1551 SANDSPUR ROAD C/O BROAD AND CASSEL MAITLAND, FL 32751 P.O. BOX 4961 ORLANDO, FL 32802-4961 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2003." City & State City & State Applied For 4. 4. FEI Numbe 59-3328952 Not Applicable Zip Country Country \$8.75 Additional 5. 5. Certificate of Status Desired Ėee Required Name and Address of Current Registered Agent 7. 7. Name and Address of New Registered Agent Name **B&C CORPORATE SERVICES OF CENTRAL FLA, INC** 390 NORTH ORANGE AVE., SUITE 1100 Street Address (P.O.1.O. Box Number is Not Acceptable) ORLANDO, FL 32801 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered and agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typeut or primed name of registered agent and title if applicable. DATE 11 MAKE CHECK PAYABLE TO FLY DEPT OF STATE 9. Capital Contributions 10. Amount of Capital Contributions as Shown on record. \$6,532,209.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment mt must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # A95000000744 STREET ADDRESS NAME CED CAPITAL HOLDINGS IV B, LTD. 1651 SANDSPUR ROAD STREET ADDRESS CITY -ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS City-St-7IP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAMÉ STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY -ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City-st-ZIP CITY -ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Sectionton 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 madeade 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 CED CAPITAL HOLDINGS IVB TIPE. SIGNATURE:

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Dayline Phone #