

2000 UNIFORM BUSINESS REPORT (UBR)

CR2E003 (9/99)

DOCUMENT # A99000000240
 1. Entity Name
OPA-LOCKA HOUSING LIMITED PARTNERSHIP

FILED
 00 APR 19 AM 9:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 13850 NW 26TH AVENUE
 OPA LOCKA FL 33054

Mailing Address
 13850 NW 26TH AVENUE
 OPA LOCKA FL 33054-4078

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country

4. FEI Number
06-1551980

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
KRASNA, GARY M
1900 CORPORATE BLVD
SUITE 301W
BOCA RATON FL 33431

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date **\$13,500.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
 SEE REVERSE SIDE FOR FEE INFORMATION

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	
DOCUMENT #	P98000001581
NAME	O-L HOUSING CORPORATION
STREET ADDRESS	13850 NW 26TH AVENUE
CITY - ST - ZIP	OPA LOCKA FL 33054
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	FF \$183.25
CITY - ST - ZIP	
STREET ADDRESS	000002122990--0
CITY - ST - ZIP	-03/30/00--01005--003
STREET ADDRESS	****186.75 ****99.25
CITY - ST - ZIP	
STREET ADDRESS	000003188990--0
CITY - ST - ZIP	--04/24/00--01018--030
STREET ADDRESS	*****84.00 *****84.00
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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.

SIGNATURE: **O-L Housing Corporation**
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

[Signature]
 Date: **3/21/00** Daytime Phone #: **(617) 541-4555**