

2001 UNIFORM BUSINESS REPORT (UBR)

0000242 AF

DOCUMENT # A00000000388
1. Entity Name
 NHP AFFORDABLE HOUSING LIMITED PARTNERSHIP-GOLDEN PARK SENIOR APTS

FILED
 01 MAR -5 AM 10:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 1675 PALM BEACH LAKES BLVD., SUITE 1002 WEST PALM BEACH FL 33401
Mailing Address 1675 PALM BEACH LAKES BLVD., SUITE 1002 WEST PALM BEACH FL 33401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.
City & State
Zip **Country**

4. FEI Number 165-0985215
 Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 ERBEY, JOHN R
 1675 PALM BEACH LAKES BLVD., SUITE 1002
 WEST PALM BEACH FL 33401

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. \$1,000.00
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 #	OCWEN FEDERAL BANK FSB
NAME	1675 PALM BEACH LAKES BLVD., SUITE 1002
STREET ADDRESS	WEST PALM BEACH FL 33401
CITY-ST-ZIP	
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	
CITY-ST-ZIP	000003819580--6 -03/08/01--01110--023 ****141.25 ****141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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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.
 By: OCWEN FEDERAL BANK FSB, its general partner
SIGNATURE: *[Signature]* **R. Barnes** 2/20/01 561-682-8000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)