


2001 UNIFORM BUSINESS REPORT (UBR)

0000088 AF

DOCUMENT # A00000000399
1. Entity Name
 NHPAHP CHASEWOOD APARTMENTS LIMITED PARTNERSHIP

FILED
 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

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 65-0985790 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 # NAME STREET ADDRESS CITY-ST-ZIP	P00000022111 NHP AFFORDABLE HSNB CORP.-CHASEWOOD APTS. 1675 PALM BEACH LAKES BLVD., SUITE 1002 WEST PALM BEACH FL 33401
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	
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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: *John R. Erbey* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **John R. Erbey** **DATE** 2/20/01 **Daytime Phone #** 561-682-8000

CR2E003 (11/00)