

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

3/2000 chasewood APTS  
SOLD \$/- interest

0001035 AT

DOCUMENT # **A00000000399**



**FILED**  
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03 SEP 24 AM 10:11

1. Entity Name  
**NHPAHP CHASEWOOD APARTMENTS LIMITED PARTNERSHIP**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY SEPTEMBER 24, 2003**

City & State

City & State

4. FEI Number **65-0985790**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ERBEY, JOHN R  
1675 PALM BEACH LAKES BLVD., SUITE 1002  
WEST PALM BEACH FL 33401**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P00000022111**  
NAME **NHP AFFORDABLE HSNB CORP.-CHASEWOOD APTS.**  
STREET ADDRESS **1675 PALM BEACH LAKES BLVD., SUITE 1002**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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: *Mark J. Nichols* **Mark J. Nichols** 9/22/03 561-682-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (4/03)