

2001 UNIFORM BUSINESS REPORT (UBR)

0000238 AF

DOCUMENT # A00000000400

1. Entity Name
NHPAHP VILLAS OF LEESBURG LIMITED PARTNERSHIP

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

Zip **Country**

FILED

01 MAR -5 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 105-0985221 **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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000022121	STREET ADDRESS	
NAME	NHP AFFORDABLE HSNG CORP-VILLAS OF LEESBRG	CITY-ST-ZIP	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD., SUITE 1002		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		
DOCUMENT #		STREET ADDRESS	
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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: *John R. Barnes* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **Date** 2/20/01 **Daytime Phone #** 561-682-8000

CR2E003 (11/00)