

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 APR -8 PM 2:46

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership 1a. DOCUMENT # A04940

SENCIT-JACKSONVILLE COMPANY, LTD.

Mailing Address 8005 LEEBURG PIKE, SUITE 400 VIENNA VA 22182	Principal Office Address 8005 LEEBURG PIKE, SUITE 400 VIENNA VA 22182
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2. Mailing Address 1225 Eye Street, NW Suite, Apt. #, etc. Suite 200 City & State Washington, DC Zip Country 20005 USA	2a. Principal Office Address 1225 Eye Street, NW Suite, Apt. #, etc. Suite 200 City & State Washington, DC Zip Country 20005 USA
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3. Date Formed or Registered 06/11/1976	5a. Capital Contributions as Shown on record. \$100.00
3a. Date of Last Report 12/27/1996	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	
6. FEI Number 52-1117660	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) NATIONAL HOUSING PARTNERSHIP	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 8005 LEEBURG PIKE, S 1225 Eye Street NW Suite 200	11b. City, State & Zip Code VIENNA VA 22182 Washington, DC 20005	11c. Registration/Document Number A06999
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Lee Paul

DATE 3/11/98

Dr: Joel Paulson, Esq. VP

CR2E003 (12/97)



ACCOUNT NO. : 072100000032

REFERENCE : 772255 7143669

AUTHORIZATION : *Patricia Pizuth*

COST LIMIT : \$ 141.25

ORDER DATE : April 7, 1998

ORDER TIME : 9:53 AM

ORDER NO. : 772255-025

CUSTOMER NO: 7143669

CUSTOMER: Delores Huston, Legal Asst
Nchp
1225 Eye Street, Nw
Suite 200
Washington, DC 20005

ANNUAL REPORT FILING

NAME: SENCIT-JACKSONVILLE
COMPANY, LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

BSP
CONTACT PERSON: ~~Kevin A Snowden~~

EXAMINER'S INITIALS: _____

98 APR -8 AM 10:44
DIVISION OF CORPORATION