

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

FILED
SECRETARY OF STATE 25
DIVISION OF CORPORATIONS

98 APR -8 PM 2:44

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 ORANGE CITY VILLAS II, LTD.	1a. DOCUMENT # A11159
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Mailing Address 8065 LEESBURG PIKE, SUITE 400 VIENNA VA 22182	Principal Office Address 8065 LEESBURG PIKE, SUITE 400 VIENNA VA 22182	3. Date Formed or Registered 09/15/1981	5a. Capital Contributions as Shown on record. \$10.00
2. Mailing Address 1225 Eye Street, NW Suite, Apt. #, etc. Suite 200 City & State Washington DC Zip 20005 Country USA	2a. Principal Office Address 1225 Eye Street, NW Suite, Apt. #, etc. Suite 200 City & State Washington DC Zip 20005 Country USA	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 52-1279105 <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
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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) CONDEV CORPORATION NAT'L HOUSING PARTNERSHIP	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1215 LOUISIANA AVE 8065 LEESBURG PIKE, S 1225 Eye Street, NW Suite 200	11b. City, State & Zip Code WINTER PARK FL VIENNA VA 22182 Washington DC 20005	11c. Registration/Document Number K45010 A06999
9000002482459--2 dce			

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

Dulores Huston

DATE

4/6/98

Typed or Printed Name of General Partner Signing Form

Dulores Huston, Asst. Secretary

Daytime Telephone Number

202-216-2940

CR2E003 (12/97)



ACCOUNT NO. : 072100000032

REFERENCE : 772810 7143669

AUTHORIZATION :

Patricia Pizzuto

COST LIMIT : \$ 141.25

ORDER DATE : April 7, 1998

ORDER TIME : 9:51 AM

ORDER NO. : 772810-015

CUSTOMER NO: 7143669

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

ANNUAL REPORT FILING

NAME: ORANGE CITY VILLAS II, LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: STACY EARNEST

EXAMINER'S INITIALS:

62 APR -9 AM 10:14
DIVISION OF CONSUMER PROTECTION
NOV 1998

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR -8 PM 2:44

1. Name of Limited Partnership

1a. DOCUMENT #
A07302

EUSTIS APARTMENTS, LTD.



Mailing Address

~~8065 LEESBURG PIKE, SUITE 400~~
VIENNA VA 22182

Principal Office Address

~~8065 LEESBURG PIKE, SUITE 400~~
VIENNA VA 22182

3. Date Formed or Registered

03/02/1979

5a. Capital Contributions as Shown on record.

\$0.00

3a. Date of Last Report

12/27/1996

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address

1225 Eye Street, NW

2a. Principal Office Address

1225 Eye Street, NW

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Washington DC

City & State

Washington DC

Zip

20005 USA

Zip

20005 USA

4. State or Country of Formation

FL

6. FEI Number

52-1167762

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ **\$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 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)

~~8065 LEESBURG PIKE, S~~
**1225 Eye St. NW
Suite 200**

11b. City, State & Zip Code

**VIENNA VA 22182
Washington DC
20005**

11c. Registration/Document Number

A06999

100002482461--6

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

Delores Austin

DATE

4/6/98

Typed or Printed Name of General Partner Signing Form

By: Delores Austin, Asst. Secretary

Daytime Telephone Number

202 216 2840

CR2E003 (6/97)



ACCOUNT NO. : 072100000032

REFERENCE : 772810 7143669

AUTHORIZATION :

Patricia Pizant

COST LIMIT : \$ 141.25

ORDER DATE : April 7, 1998

ORDER TIME : 9:52 AM

ORDER NO. : 772810-020

CUSTOMER NO: 7143669

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

ANNUAL REPORT FILING

NAME: EUSTIS APARTMENTS, LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ~~Kevin A. Snowden~~ *Stacy Earnest*

EXAMINER'S INITIALS:

Stamp: 07 APR -8 AM 10:44
BUREAU OF CONSUMPTION