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

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

18. DOCUMENT # A11159

ORANGE CITY VILLAS II, LTD.

SECRETARY OF SHATE 25 DIVISION OF CORPORATIONS

98 APR -8 PH 2: 44



Malling Address	Principal Office Address		3. Date Formed or Registered	58. Capital Contributions as Shown on record.					
BOSS LEESBURG PIKE. SUITE 400	6003 LEESBURG PIKE. SUITE 40 VIENNA VA 22182	0	09/15/1981 3a. Date of Last Report	\$10.00					
				FL					
	,		12/27/1996 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:					
2. Malling Address 1225 Exe Street, NW	28. Principal Office Address	ed, NW	FL						
Suite Apt. #, etc. Suit C 2 cc City & State	Suite, Apt. #, etc.		6. FEI Number 52-1279105	Applied For Not Applicable					
Washington DC	City & State Washing ter	_ OC	7. Certificate of Status Desired \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)						
ZOOOS USA	Zip Coops	Country U.S.A							
9. Name and Address of Current I	Registered Agent		10. If changed, new Registere	d Agent/Office					
UNITED STATES CORPORATION COMPAN	Υ	Name							
1201 HAYS ST.		Street Address (P.	O. Box Number is Not Acceptable)						
TALLAHASSEE FL 32301		Suite, Apt. #, etc. City							
IALLARASSEE PE SZSUT				FL Zip Code					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.									
A GENERAL PARTNER THAT I	S A CORPORATION, L BE REGISTERED AN	IMITED PA	RTNERSHIP OR OTHE	R BUSINESS ENTITY					
A GENERAL PARTNER THAT I	BE REGISTERED AN	D ACTIVE V	RTNERSHIP OR OTHE VITH THIS OFFICE.	11c. Registration/					
A GENERAL PARTNER THAT I	BE REGISTERED AN	D ACTIVE V	RTNERSHIP OR OTHE VITH THIS OFFICE.	11c. Registration/					
A GENERAL PARTNER THAT I MUST 11. Name(a) of General Partner(s)	11a. (Do NOT Use Post Office Bo 1215 LOUISIANA AVE 8085 LEESBURG PIKE.	Partner x Numbers) 11	RTNERSHIP OR OTHE VITH THIS OFFICE. D. City, State & Zip Code WINTER PARK FL VIENNA VA 22182	11c. Registration/					
A GENERAL PARTNER THAT I MUST 11. Name(e) of General Partner(s) CONDEV CORPORATION	11a. (Do NOT Use Post Office Bo 1215 LOUISIANA AVE 8085 LEESBURG PIKE.	Partner x Numbers) 11	RTNERSHIP OR OTHE VITH THIS OFFICE. D. City, State & Zip Code WINTER PARK FL VIENNA VA 22182	11c. Registration/ Document Number K45010					
A GENERAL PARTNER THAT I MUST 11. Name(e) of General Partner(s) CONDEV CORPORATION	11a. (Do NOT Use Post Office Bo 1215 LOUISIANA AVE 8085 LEESBURG PIKE.	Partner x Numbers) 11	RTNERSHIP OR OTHE VITH THIS OFFICE. D. City, State & Zip Code WINTER PARK FL VIENNA VA 22182	11c. Registration/					
A GENERAL PARTNER THAT I MUST 11. Name(e) of General Partner(s) CONDEV CORPORATION	11a. Address of Each Genera (Do NOT Use Post Office Bo	Partner x Numbers) 11	RTNERSHIP OR OTHE VITH THIS OFFICE. D. City, State & Zip Code WINTER PARK FL	11c. Registration/					
A GENERAL PARTNER THAT I MUST 11. Name(e) of General Partner(s) CONDEV CORPORATION	11a. (Do NOT Use Post Office Bo 1215 LOUISIANA AVE 8085 LEESBURG PIKE.	Partner x Numbers) 11	RTNERSHIP OR OTHE VITH THIS OFFICE. D. City, State & Zip Code WINTER PARK FL VIENNA VA 22182 UShing ton Oc 2 0005	11c. Registration/ Document Number K45010 A06999					
A GENERAL PARTNER THAT I MUST 11. Name(e) of General Partner(s) CONDEV CORPORATION	11a. (Do NOT Use Post Office Bo 1215 LOUISIANA AVE 8085 LEESBURG PIKE.	Partner x Numbers) 11	RTNERSHIP OR OTHE VITH THIS OFFICE. D. City, State & Zip Code WINTER PARK FL VIENNA VA 22182 Shing ton Oc 2 0005	11c. Registration/					
A GENERAL PARTNER THAT I MUST 11. Name(e) of General Partner(s) CONDEV CORPORATION NAT'L HOUSING PARTNERSHP	BE REGISTERED AN 11a. Address of Each Genera 11a. (Do NOT Use Post Office Bo 1215 LOUISIANA AVE 8085 LEESBURG PIKE, S 1225 EYE Selfs Suite 200	Partner 111	RTNERSHIP OR OTHE VITH THIS OFFICE. D. City, State & Zip Code WINTER PARK FL WIENNA VA 22182 2 0005 900000	11c. Registration/ Document Number K45010 A06999					
A GENERAL PARTNER THAT I MUST 11. Name(e) of General Partner(s) CONDEV CORPORATION	BE REGISTERED AN 11a. Address of Each Genera (Do NOT Use Post Office Bo 1215 LOUISIANA AVE 8085 LEESBURG PIKE, S 1225 EYE ST Scrife 2 CO be changed on this form stiling is voluntarily furnished and does no Section 119.07(3)(k) in the event that the intelligence of the same tegal effects as	Partner 111 Sect. NW a; an amenda I qualify for the exemplormation supplied is	RTNERSHIP OR OTHE VITH THIS OFFICE. D. City, State & Zip Code WINTER PARK FL VIENNA VA 22162 CUSHING TON OCCUSE 2 0005 MINTER PARK FL VIENNA VA 22162 CUSHING TON OCCUSE CUSHING	Registration/ Document Number K45010 A06999 A06999 Ange a general partner. Statutes I release the Division of er certify that the information indicated on					
A GENERAL PARTNER THAT I MUST 11. Name(e) of General Partner(s) CONDEV CORPORATION NAT'L HOUSING PARTNERSHP Note: General partners MAY NOT 12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with a this annual report is true and accurate and that my sign empowered to execute this report as required by chap	BE REGISTERED AN 11a. Address of Each Genera (Do NOT Use Post Office Bo 1215 LOUISIANA AVE 8085 LEESBURG PIKE, S 1225 EYE ST Scrife 2 CO be changed on this form stiling is voluntarily furnished and does no Section 119.07(3)(k) in the event that the intelligence of the same tegal effects as	Partner (Numbers) 111 Section	RTNERSHIP OR OTHE VITH THIS OFFICE. D. City, State & Zip Code WINTER PARK FL VIENNA VA 22182 CUShins for Occupants Decement must be filed to che polion stated in Section 119.07(3)(k), Florida deemed exempt from public access. I furth further certify that I am a General Partner o	Registration/ Document Number K45010 A06999 A06999 A06999 Statutes I release the Division of or certify that the information indicated on the limited partnership, receiver or trustee					



ACCOUNT NO. : 072100000032

REFERENCE 772810

AUTHORIZATION

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

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: STACY EARNEST

EXAMINER'S INITIALS:

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

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ý		LIMITED PARTNERSHIP
		ANNUAL REPORT
	۳	1998
	1,	Name of Limited Partnership



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

SECRETARY OF STATE 1.25 DIVISION OF CORPORATIONS

98 APR -8 PM 2: 44

Name of Climited Partnership	A07302						
EUSTIS APARTMENTS, LTD.					8))([8 8))	ATT BYDNI ALDIT ALGIT BYGUL TAAL	
Malling Address	Principal Office Address	··_ 	———···	3. Date Formed or Registered	5a. Capita	al Contributions as	
-90% LECOBURG PIKE, SUITE 400	8065 LEESBURG PIKE. SUITE 400	·		03/02/1979			
УДЕ ЛВІА. VA. 22 182	VIENNA-VA. 22182	VIENNA -VA. 22182			\$0.00		
				12/27/1996	5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	28. Principal Office Address			4. State or Country of Formation	to dat	θ:	
Suite, Apr. #, etc.	Suite, Apt. #, etc.	1225 Eve Street NW					
Suite 200	1 Suite 200		6. FEI Nurriber 52-1167762		Applied For		
City & State Washington Dc	wasning ton				7. Certificate of Status Desired \$8.75 Additional Fee Required		
Zip Country 2005 USA	2ip 20005	Country LL S	19				
9. Name and Address of Current	t Registered Agent	Ţ———		10. If changed, new Registers	d Agent/Office		
UNITED STATES CORPORATION COMPAN	γ	Name					
1201 HAYS ST.	•	Street Add	lress (P.O. B	iox Number Is Not Acceptable)			
		Suite, Apt. #, etc. City FL Zip Code					
TALLAHASSEE, FL FL 32301							
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment)	registered agent, or both, in the State of Flor			thorized by its general partner(s). I her			
A GENERAL PARTNER THAT	IS A CORPORATION, L T BE REGISTERED AN	IMITED D ACTI	PART	NERSHIP OR OTHE	R BUSII	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo		11b.	City, State & Zip Code	11c.	Registration/ Document Number	
NATIONAL HOUSING PARTNERSHIP	-8065 LEESBURG PIKE, S- 1225 Eye St. NW		VIE	VIENNA -VA -22182		A06999	
			washington DC		7,0000		
	Suite 200	Suite 200		20005		66690V	
			2				
					1)	
					}		
				100002	482	4616	
				dec			
Note: General partners MAY NOT	be changed on this form	ı; an am	endme	nt must be filed to ch	ange a ge	eneral partner.	
12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with this annual report is true and accurate and that my sign empowered to execute this report as required by chains.	s Section 119 07(3)(k) in the event that the int gnature shall have the same legal effects as	formation sup	plied is deer	ned exempt from public access. I furth	er certify that the	e information indicated on]	
SIGNATURE Delone Huston Typed or Printed Name of General Partner Signing Form Delones Huston, Asst. Secret				DATE 4/0/9 8			
Typed or Printed Name of General Partner Signing Form	Delores Hustin, Asst	Secre	etary	Daytime Telephone Number	202 2	16 5840	



ACCOUNT NO. : 072100000032

772810 REFERENCE _____

AUTHORIZATION

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 __ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kevin & Smoothen Hocy Eurnest

EXAMINER'S INITIALS: