

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

96 DEC 27 PM 3:19

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1. Name of Limited Partnership

1a. DOCUMENT #
A17650

FOREST GREEN LIMITED PARTNERSHIP

Mailing Address

**1225 EYE STREET, N.W.
WASHINGTON DC 20005**

Principal Office Address

**1225 EYE STREET, N.W.
WASHINGTON DC 20005**

3. Date Formed or Registered

08/13/1984

5a. Capital Contributions as Shown on record.

\$99.00

3a. Date of Last Report

12/29/1995

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

4. State or Country of Formation

FL

2. Mailing Address

8065 Leesburg Pike

2a. Principal Office Address

8065 Leesburg Pike

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Vienna, VA

City & State

Vienna, VA

Zip

22182

Country

U.S.A.

Zip

22182

Country

U.S.A.

6. FEI Number

52-1366008

☐ 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.
SUITE 105
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

400002048054--3

-01/07/97--01085--002

******191.25 ****191.25**

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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)

NATIONAL HOUSING PARTNERSHIP

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

1225 EYE STREET, N.W.

8065 Leesburg Pike

11b. City, State & Zip Code

WASHINGTON DC

Vienna, VA 22182

11c. Registration/Document Number

A06999

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 effect 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

Typed or Printed Name of General Partner Signing Form

Partner

DATE

12-24-96

Daytime Telephone Number

703/394-2400

**By: National Corporation for Housing
Partnerships, its sole General
Partner**
By: Mildred C. Banker, Asst. Secy