

**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 1:58

W 113



**1. Name of Limited Partnership**  
**1a. DOCUMENT #**  
**A18263**

**CAROLINE ARMS LIMITED PARTNERSHIP**

**2. Mailing Address**  
*8065 Leesburg Pike*  
Suite, Apt. #, etc. *Suite 400*  
City & State *Vienna, VA*  
Zip *22182* Country *U.S.A.*

**2a. Principal Office Address**  
*8065 Leesburg Pike*  
Suite, Apt. #, etc. *Suite 400*  
City & State *Vienna, VA*  
Zip *22182* Country *U.S.A.*

**3. Date Formed or Registered**  
**11/14/1984**

**3a. Date of Last Report**  
**12/29/1995**

**4. State or Country of Formation**  
**FL**

**5a. Capital Contributions as Shown on record**  
**\$2.00**

**5b. Amount of Capital Contributions in FL OHIDA to date**

**6. FEI Number**  
**52-1365992**  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 32301**

**10. If changed, new Registered Agent/Office**  
Name \_\_\_\_\_  
Street Address (P.O. Box Number Is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, etc. \_\_\_\_\_  
City \_\_\_\_\_ State **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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
NATIONAL HOUSING PARTNERSHIP	1225 EYE STREET, N.W. <i>8065 Leesburg Pike</i>	WASHINGTON DC <i>Vienna, VA 22182</i>	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), Florida Statutes, if 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 I had personally signed it. 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 600, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE *12-24-96*

By: *Mildred C. Banks*  
Mildred C. Banks, Asst. Secy

Daytime Telephone Number *703/394-2400*

CR2E003 (6/96)