

**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 2:47

LIMITED PARTNERSHIP ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # <b>A18263</b>
<b>CAROLINE ARMS LIMITED PARTNERSHIP</b>	



Mailing Address <b>9065 LEEBURG PIKE, SUITE 400 VIENNA VA 22182</b>	Principal Office Address <b>9065 LEEBURG PIKE, SUITE 400 VIENNA VA 22182</b>	3. Date Formed or Registered <b>11/14/1984</b>	5a. Capital Contributions as Shown on record. <b>\$2.00</b>
2. Mailing Address <b>1225 Eye Street, NW Suite 200</b>	2a. Principal Office Address <b>1225 Eye Street, NW Suite 200</b>	3a. Date of Last Report <b>12/27/1996</b>	5b. Amount of Capital Contributions in FLORIDA to date:
City & State <b>Washington, DC</b>	City & State <b>Washington, DC</b>	4. State or Country of Formation <b>FL</b>	
Zip <b>20005 USA</b>	Zip <b>20005 USA</b>	6. FEI Number <b>52-1365992</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent <b>UNITED STATES CORPORATION COMPANY 1201 HAYS ST.  TALLAHASSEE FL 32301</b>	10. If changed, new Registered Agent/Office
	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, etc.
	City
	<b>FL</b> 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) <b>NATIONAL HOUSING PARTNERSHIP</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>9065 LEEBURG PIKE, S 1225 Eye Street, NW Suite 200</b>	11b. City, State & Zip Code <b>VIENNA VA 22182 Washington, DC 20005</b>	11c. Registration/Document Number <b>A06999</b>
<b>000002482430--2</b>			
<i>Dec</i>			

**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 *Jaël Bander* DATE *3/11/98*  
 Typed or Printed Name of General Partner Signing Form *Jaël Bander, Exec. VP* Daytime Telephone Number *202-216-2936*

CR2E003 (12/97)



ACCOUNT NO. : 072100000032

REFERENCE : 772255 7143669

AUTHORIZATION : Patricia Pizutto

COST LIMIT : \$ 141.25

ORDER DATE : April 7, 1998

ORDER TIME : 10:0 AM

ORDER NO. : 772255-065

CUSTOMER NO: 7143669

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

ANNUAL REPORT FILING

NAME: CAROLINE ARMS LIMITED  
PARTNERSHIP

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX            PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: BSP  
Kevin A Snowden

EXAMINER'S INITIALS: \_\_\_\_\_

50 APR -8 AM 10:15  
 DIVISION OF CORPORATION  
 STATE OF MARYLAND