

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A18263

1. Entity Name

CAROLINE ARMS LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 21 AM 3:05




DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1873 SOUTH BELLAIRE STREET, SUITE 1700 DENVER CO 80222-4348
Mailing Address: 1873 SOUTH BELLAIRE STREET, SUITE 1700 DENVER CO 80222-4360

2. Principal Place of Business: 2000 South Colorado Blvd.
3. Mailing Address: 2000 South Colorado Blvd.

Suite, Apt. #, etc.: Tower Two, Suite 2-1000

City & State: Denver, CO

4. FEI Number: 52-1365992
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record: \$2.00
10. Amount of Capital Contributions in FLORIDA to date: _____
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	A06999 NATIONAL HOUSING PARTNERSHIP 1225 EYE STREET, N.W., SUITE 200 WASHINGTON DC 20005	STREET ADDRESS CITY - ST - ZIP	2000 South Colorado Boulevard Tower Two, Suite 2-1000 Denver, CO 80222
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Caroline Arms, Limited Partnership, by its GP, The National Housing Partnership, by its GP,
National Corporation for Housing Partnerships
SIGNATURE: By: Leslie E. Green, Asst. Sec. 4-18-00 (303) 757-8101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)