

2001 UNIFORM BUSINESS REPORT (UBR)

0020778 SP

DOCUMENT # A18263

1. Entity Name

CAROLINE ARMS LIMITED PARTNERSHIP

FILED

01 APR 27 PM 5:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business 2000 S. COLORADO BLVD., TOWER TWO SUITE 2-1000 DENVER CO 80222	Mailing Address 2000 S. COLORADO BLVD., TOWER TWO SUITE 2-1000 DENVER CO 80222
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-1365992**

Applied For
Not Applicable

Zip Country

Zip Country

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 _____ (NOT) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. 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 2000 S. COLORADO BLVD., TOWER TWO DENVER CO 80222
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600004213606--3
CITY-ST-ZIP	-05/11/01--01128--024 ****141.25 ****141.25
STREET ADDRESS	<i>SK</i>
CITY-ST-ZIP	<i>STW</i>
STREET ADDRESS	
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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: Deborah Chesel* Assistant Secretary (303) 757-8101
Date **4-25-01** Daytime Phone # _____

CR2E003 (11/00)