2002 UNIFORM BUSINESS REPORT (UBR)

002335 SP

DOCUMENT # A18263

1. Entity Name

CAROLINE ARMS LIMITED PARTNERSHIP

FILED
02 APR -9 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2000 S. COLORADO BLVD.. TOWER TWO SUITE 2-1000 DENVER CO 80222	2000 S. COLORADO BLVD.. TOWER TWO SUITE 2-1000 DENVER CO 80222

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

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.

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

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 #	A06999	STREET ADDRESS	
NAME	NATIONAL HOUSING PARTNERSHIP	CITY-ST-ZIP	
STREET ADDRESS	2000 S. COLORADO BLVD., TOWER TWO		
CITY-ST-ZIP	DENVER CO 80222		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	900005258509--9
STREET ADDRESS			-04/12/02--01094--011
CITY-ST-ZIP			****141.25 ****141.25
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STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/01)

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, National Housing Partnership, by its GP, National Corporation for Housing Partnerships

SIGNATURE: By: SIGNATURE REQUIRED Chad Asarch, Asst. Secretary 4-2-02 303-757-8101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #