

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A18263

1. Entity Name
CAROLINE ARMS LIMITED PARTNERSHIP



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

FILED

2003 JUN 10 AM 4:55

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business 4582 S. ULSTER ST. PKWY. Suite, Apt. #, etc. SUITE 1100 City & State DENVER Zip 80237		3. Mailing Address 4582 S. ULSTER ST. PKWY. Suite, Apt. #, etc. SUITE 1100 City & State DENVER Zip 80237		4. FEI Number 52-1365992 Applied For Not Applicable	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$2.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	STREET ADDRESS CITY-ST-ZIP	4582 S. ULSTER ST. PKWY. SUITE 1100 DENVER, CO 80237
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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

SIGNATURE: CHAD ASARCH, on behalf of THE NATIONAL HOUSING PARTNERSHIP, LTD. (Doc. #A06999) 6/4/03 303-757-8101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0021004
FP

CR2E003 (10/02)

STAPLE CHECK HERE