2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Apr 16, 2007 08:00 All Secretary of State

| Due By May 1, 2007 | | | | Apr 16, 2007 08: | | |
|--|---|---|---|---|--|---------------------|
| DOCU | MENT # A25092 | | | | Secreta | ry of S |
| 1. Entity Name | | | | | | • |
| BRIARW | OOD OF MIDDLEBURG, LT | ib. | | | | |
| Principal Plac | e of Business | Mailing Address | | | | |
| 7865 SOUTI | iside blvd. | 7865 SOUTHSIDE BLVD. | | | | |
| JACKSONVILL | .E, FL 32256 | JACKSONVILLE, FL 32256 | | | | |
| | | | | | (1 1 1 3 14) 114) 117) 1 74) 314) | |
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| L | O NOT WRITE | : IN THIS SPA | CE | 4. FEI Number | | Applied For |
| | • | . • • • • | | 59-2834810 | | Not Applicable |
| | · · · · · · · · · · · · · · · · · · · | , | | 5. Certificate of Status Desired | Fee Requ | Additional uired |
| | 6. Name and Address of Current | Registered Agent | T | | | |
| | | | 7 | • • | | , 4 |
| SELIGMAN, KAREN J. | | | | DO NOT V | VRITE | |
| 7865 SOUTHSIDE BLVD. JACKSONVILLE, FL 32256 | | | - | | | |
| 0,1011001 | .,,,, _ = ===== | | | IN THIS S | PACE | , |
| | | | | | | |
| | e named entity submits this statement for tions of registered agent. | | red office or register | ed agent, or both, in the State of | | ntn, and accept |
| | Signature, typed or printed name of registered agen | and title if applicable | | | DATE | |
| | After May 1, | Will FEE 1S \$500.00 2007, Fee will be \$900.00 | | | | |
| | A GENERAL PARTNER NOTE: General Partners M | THAT IS A BUSINESS ENTITY I AY NOT be changed on the for | MUST BE REGIS' m; an amendmer | rered and active with nt must be filed to change a | rHIS OFFICE. general partner. | |
| 12. | GENERAL PARTNE | | | | , | |
| DOCUMENT # | G95219900054 | : | • | • | .* . | |
| NAME STREET ADDRESS | LD HOUSING PARTNERS 7865 SOUTHSIDE BLVD | | | | · · | - , |
| CITY-SI-ZIP | JACKSONVILLE, FL 32256 | , i | | | φ 9 | |
| DOCUMENT # | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | | | • |
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| NAME | | ì | | | • | |
| STREET ADDRESS |] | | | | | • |
| CITY-ST-ZIP | | | | 13.5 | മര്ക്കുന്നുവരു (10° | • |
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

STAPLE CHECK HERE

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURÉ AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER

4/7/04 Date

904643())5 Daytime Phone #