FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
DIVISION OF CORPORATIONS
96 DEC 26 PM 2:27

1. Name of Limited Partnership

TOMPKINS/FOX HOLLOW, LTD.

1a. DOCUMENT #
A29421

Mailing Address
1637 E. VINE ST.. SUITE E
KISSIMMEE FL 34744

Principal Office Address
1637 E. VINE ST.. SUITE E
KISSIMMEE FL 34744

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Formed or Registered
12/26/1989

3a. Date of Last Report
01/03/1996

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record
$3,887,715.00

5b. Amount of Capital Contributions in FLORIDA, to date

6. FEI Number
59-3017886
☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

DIXON, KENNETH G.
1637 E. VINE ST., SUITE E
KISSIMMEE FL 34744

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
FL

10a. Pursuant to the provisions of Section 620.19[illegible] Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment as registered agent and agree to comply with the provisions of Section 620.194, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name of Each General Partner	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
FLORIDA AFFORDABLE HOUSING O	1637 E. VINE ST.,SUIT	KISSIMMEE FL 34744	L31104

12-31

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I declare to the best of my knowledge and belief, the information supplied which is mandatory, furnished does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of any kind or character whatsoever in the event that the information supplied is deemed exempt from public access. 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; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE Thomas N. Tompkins, President DATE 12-13-96

Typed or Printed Name of Individual Signing Form Daytime Telephone Number 407-931-0400

CR2E003 (6/96)