2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A30568 FILED 1. Entity Name LAKEVIEW RENTAL HOUSING LIMITED PARTNERSHIP 06 HAY -1 BH 非 47 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE FLORIDA 8500 NORTHWEST 25TH AVENUE 8500 NORTHWEST 25TH AVENUE MIAMI, FL 33147 MIAMI, FL 33147 03092006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0218771 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent URBAN LEAGUE HOUSING PARTNER, INC. DO NOT WRITE 8500 NORTHWEST 25TH AVENUE MIAMI, FL 33147 IN THIS SPACE 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 . Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 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 DOCUMENT # N39810 GMN AFROBL, HSNG, PTRNR. NAME STREET ADDRESS 1460 BRICKELL AVE., #309 CITY-ST-ZIP MIAMI, FL 300074540663 N39811 DOCUMENT # 05/15/06--01005--022 **508.79 URBAN LEAGUE HSNG, PTNR. STREET ADDRESS 8500 N.W. 25TH AVE. CITY-ST-ZIP MIAMI, FL DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCLIMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS 14. I hereby certify that the information supplied with this filing does not chalify for the exemptions contained in Chapter 119, Rorida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature may 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

(305) 696-445b

Daytime Phone #

SIGNATURE:

YTED NAME OF SIGNING GENERAL PARTNER