2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED Feb 19, 2005 08:00 AM Secretary of State

DOCUMENT # A31477 1. Entity Name COUNTRY CLUB WOODS, AFFORDABLE HOMES, LTD.					Secretary of State			
Principal Place of Business Mailing Address								
5505 N. ATLANTIC AVE., SUITE 115 5505 N. ATLANTIC AVE., S COCOA BEACH, FL 32931 COCOA BEACH, FL 32931				115				
2. Principal I	Place of Business							
Suite, Apt. #, etc Suite, Apt. #, etc.			 ,		01212005	Chg-LP	CR2E003 (10/03)
City & State City & State			', -	1			Applied For Not Applicable	
Žip	Country Zip Co		Count	ry		of Status Desired		75 Additional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
MCPHILLIPS, JACQUELINE 5505 N. ATLANTIC AVE., SUITE 115 COCOA BEACH, FL 32931				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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and this if applicable							DATE	
9. Capital Contributions as Shown on record. \$1,161,090.00 In FLORIDA to date.								
	A GENERAL PARTNER I NOTE: General Partners MA	THAT IS A BUSINESS EN	TITY MI	JST BE REGIST	ERED AND A	 ČTIVE WITH THI Lto change a ge	S OFFICE.	
12. GENERAL PARTNER INFORMATION						ADDRESS CHA		
DOCUMENT I NAME STREET ADDRESS	HERITAGE PARTNERS GROUP VIII, INC. TADDRESS 5505 N. ATLANTIC AVE., SUITE 115			T ADDRESS	· ···········	Vano	10235732	
CITY-ST-ZIP	COCOA BEACH, FL 32931			02/19/05-80017-007 535.00				
DOCUMENT # NAME STREET ADDRESS	NATIONAL DEVELOPMENT FOUNDATION INC 4250 ALAFAYA TRAIL #212-330 OVIEDO, FL 327659424			T ADDRESS		<u></u>		
CITY-ST-ZIP				ST-ZIP				
DOCUMENT # NAME			STREE	TADDRESS	·- <u>-</u>		· 	
STREET ADDRESS CITY-ST-ZIP			CITY-	SY-ZIP				_
DOCUMENT # NAME			STREE	TADDRESS	·,		-	
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP		_ _		
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STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP			·····	
14. I hereby certify that the information supplied with this filling 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 Ilmited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes								
SIGNATURE: Kinga Kinga Kinga id 2/15/2 32/79-4090								