

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
96 DEC 23 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A31544

COLONIAL HOUSING PARTNERS, LTD.

97-AR
CM



Mailing Address

**2200 LUCIEN WAY, SUITE 350
MAITLAND FL 32751**

Principal Office Address

**2200 LUCIEN WAY, SUITE 350
MAITLAND FL 32751**

3. Date Formed or Registered

05/17/1991

5a. Capital Contributions as
Shown on record.

\$1,100,001.00

3a. Date of Last Report

12/13/1995

5b. Amount of Capital
Contributions in FLORIDA
to date

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State or Country of Formation

CA

6. FEI Number

59-3030561

☐ 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

10. If changed, new Registered Agent/Office

**B & C CORPORATE SERVICES OF CENTRAL
FLORIDA, INC.
390 NORTH ORANGE AVENUE, SUITE 1100
ORLANDO FL 32801**

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, 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 of registered agent. I am familiar with, and accept the obligations of section 620.192, 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(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

CED CAPITAL HOLDINGS I, LTD.

2200 LUCIEN WAY, #450

MAITLAND FL 32751

A92000000009

600002044836--5
-01/03/97--01115--001
***576.25 ***576.25

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

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects 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. By: **CED Capital Holdings I, Ltd., General Partner**

SIGNATURE

By: **CED Construction, Inc., its Managing General Partner**
By: _____

DATE

Typed or Printed Name of General Partner Signing Form

Alan H. Ginsburg, President

Daytime Telephone Number **(407) 660-1110**