

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

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| LIMITED PARTNERSHIP ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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FILED

97 DEC 22 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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| 1. Name of Limited Partnership COLONIAL HOUSING PARTNERS, LTD. | 1a. DOCUMENT # A31544 |
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| Mailing Address 2200 LUCIEN WAY, SUITE 950 MAITLAND FL 32751 | Principal Office Address 2200 LUCIEN WAY, SUITE 950 MAITLAND FL 32751 |
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| 2. Mailing Address 96 Broad and Cassel Suite, Apt. #, etc. P.O. Box 4961 City & State Orlando, FL Zip Country 32802-4961 USA | 2a. Principal Office Address 1551 Sandspur Rd. Suite, Apt. #, etc. City & State Maitland, FL Zip Country 32751 |
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| 3. Date Formed or Registered 05/17/1991 | 5a. Capital Contributions as Shown on record \$1,100,001.00 |
| 3a. Date of Last Report 12/23/1996 | |
| 4. State or Country of Formation CA | 5b. Amount of Capital Contributions in FLORIDA to date: |
| 6. FEI Number 59-3030561 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 7. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 8. Make check payable to: Dept. of State (See reverse side for fee information) | |

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| 9. Name and Address of Current Registered Agent B & C CORPORATE SERVICES OF CENTRAL FLORIDA, INC. 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO FL 32801 |
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| 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code |
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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)

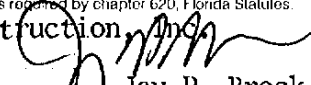
DATE

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

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| 11. Name(s) of General Partner(s) CED CAPITAL HOLDINGS I, LTD. | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2200 LUCIEN WAY, #450 | 11b. City, State & Zip Code MAITLAND FL 32751 | 11c. Registry/Document Number A92000000009 |
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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.

CED Construction
 SIGNATURE 
 Typed or Printed Name of General Partner Signing Form Jay P. Brock, Vice President

DATE 12/8/97
 407/660-1110

Daytime Telephone Number

CP2E003 (6/97)