2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Apr 23, 2004 08:00 AM Secretary of State

1. Entity Name	MENT # A31544 L HOUSING PARTNERS,							
Principal Place of Business 1551 SANDSPUR ROAD MAITLAND, FL 32751		Mailing Address % BROAD AND CASSEL P.O. BOX 4961 ORLANDO, FL 32802-4961					18 8 18	
2. Principal Pl	ace of Business	3. Mailing Address						
Suite, Apt. #, etc		Suite, Apt. #, etc.		03302004 Ch	ıg-LP	CR2E003	3 (10/03)	
City & State		City & State		4. FEI Number 59-3030561			Applied For Not Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of State			8.75 Additional
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and Addre	ss of New R		
8 & C COR	PORATE SERVICES OF CE		Name					
FLORIDA, INC. 390 NORTH ORANGE AVENUE, SUITE 1100				Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO		1100						
				City			FL	Zip Code
	named entity submits this statement fons of registered agent.	or the purpose of changing its	registere	ed office or register	ed agent, or both, in th	e State of Flo	rida. I am far	niliar with, and accept
SIGNATURE -								
9. Capital Cor	Signature typed or printed name of registered agen	10. Amount of Capita	al Contri	butions			DATE	
as Shown o	on record \$4,1/1,837.06	in FLORIDA to di	ate.					
	A GENERAL PARTNER NOTE: General Partners M.	THAT IS A BUSINESS EN AY NOT be changed on t	ITITY M he form	UST BE REGIST i; an amendmen	TERED AND ACTIVE it must be filed to c	E WITH TH hange a ge	IS OFFICE. eneral partr	er.
12.	GENERAL PARTNE	RINFORMATION	13.		AC	DDRESS CHA	ANGES ONLY	
DOCUMENT # NAME	A92000000009 CED CAPITAL HOLDINGS I, LTD.			ET ADDRESS				
STREET ADDRESS	1551 SANDSPUR ROAD MAITLAND, FL 32751		CITY	-ST-ZIP				
BOCUMENT#	WATEAND, I'L 32/31		Ç (B)	ET ADDRESS			<u>0136642</u>	
NAME STREET ADDRESS				-	<u> </u>	1/29/04	-80014-	<u>011 526.25</u>
CITY-ST-ZIP			CITY	-S1-2iP	, <u>.</u>			
DOCUMENT # NAME			STRE	EET ADDRESS				
STREET ADDRESS CITY - ST - ZIP			CITY	-ST-ZIP				
DOCUMENT # NAME			STRE	ELI ADDRESS				
STREET ADDRESS CITY_ST-ZIP			CilA	-ST-ZIP				
DOCUMENT #			STRE	EFT ADDRESS				
STREET ADDRESS CITY ST-ZIP			CITY	-SI-ZiP				
DOCUMENT #			SIRI	EET ADDRESS				
STREET AODRESS CITY SI ZIP			ÇITY	-S1-ZIP				
14. I hereby of indicated the receives & E.C.		of that my signature shall have his report as required by Chap	the same oter 620,	e legal effect as if n Florida Statutes	ection 119 07(3)(i), Florinade under oath, that I	am a Genera	al Partner of th	e limited partnership o