FILED

03 MAY -5 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A32791

1. Entity Name
HOMESTEAD APARTMENTS ASSOCIATES II, LTD.

Principal Place of Business	Mailing Address
% THE RELATED COMPANIES, L.P. 625 MADISON AVENUE NEW YORK, NY 10022	% THE RELATED COMPANIES, L.P. 625 MADISON AVENUE NEW YORK, NY 10022

2. Principal Place of Business	3. Mailing Address
2828 CORAL WAY	2828 CORAL WAY
Suite, Apt. #, etc. PENTHOUSE SUITE	Suite, Apt. #, etc. PENTHOUSE SUITE
City & State MIAMI FL	City & State MIAMI FL
Zip 33145 Country	Zip 33145 Country

DUE BY MAY 1, 2003

4. FEI Number 65-0344980 — Applied For / Not Applicable

5. Certificate of Status Desired ✓ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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 title if applicable DATE

9. Capital Contributions as Shown on record: $2,368,138.00

10. Amount of Capital Contributions in FLORIDA to date:

11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L79388	STREET ADDRESS	
NAME	RELATED AFFORDABLE HOUSING, INC.		
STREET ADDRESS	2828 CORAL WAY, PENTHOUSE SUITE	CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI, FL 33145		
DOCUMENT #		STREET ADDRESS	
NAME			
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CITY-ST-ZIP			

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CR2E003 (10/02)

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing 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 limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: [signature] ANGEL HERNANDEZ VICE-PRESIDENT 4/1/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #