DOCUI 1. Entity Nam	MENT # A9200	0000048					
•	LERS COVE PARTNERS, LTD.				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business 450 CHALLENGER RD CAPE CANAVERAL FL 32920		Mailing Address 450 CHALLENGER RD CAPE CANAVERAL FL 32931-5102		!	00 FEB -7 AM 9: 45		
	lace of Business Atlantic Ave.	3. Mailing Address 5505 N. Atlantic Ave.					
Suite, Apt. 115	#, etc.	Suite, Apt. #, etc. 115			DO NOT WRITE IN THIS SPACE		
City & State	e Beach, FL	City & State Cocoa Beach, FL			4. FEI Number 59-3151113 Applied For Not Applicable		
Žip	Country	Zip 32931	Cour	-	5. Certificate of Status Desired X \$8.75 Additional Fee Required		
32931	USA 6. Name and Address of Current		USZ	<u> </u>	7. Name and Address of New Registered Agent		
				Name Jacqueline McPhillips			
	HARTMAN, MICHAEL A				Street Address (PO. Box Number is Not Acceptable) 5505 N. Atlantic Ave., #115		
450 CHALLENGER RD CAPE CANAVERAL FL 32920				2002	W. Actualitie 1993, p. 113		
0.11 2 071	, , , , , , , , , , , , , , , , , , ,			City	Beach FL ^{Zig} 2931		
		7	1 -1				
8. The above	Maximalin	MObile			r registered agent, or both, in the State of Florida.		
9. Capital Co	* / / · · · ·	and title if applicable. (NOTE:	$-\nu$	<u></u>	ture required when reinstaling) DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE		
as Shown	on tecord.	in FLORIDA to da	te.	2,521,	,959.00 SEE REVERSE SIDE FOR FEE INFORMATION		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY NOTE: General Partners MAY NOT be changed on the fo				(UST BE R n; an amer	REGISTERED AND ACTIVE WITH THIS OFFICE. Indiment must be filed to change a general partner.		
12.	GENERAL PARTNE	R INFORMATION	13.		ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS	V24984 HERITAGE PARTNERS GROUP, INC 450 CHALLENGER RD CAPE CANAVERAL FL 32920		STF	EET ADDRESS	5505 N. Atlantic Ave., #115 Cocoa Beach, FL 32931		
CITY-ST-ZIP			cm	r-ST-ZIP			
DOCUMENT# NAME	N46775 AFFORDABLE HOUSING SOUTIONS FOR FL., INC.			EET ADDRESS	·		
STREET ADDRESS CITY - ST - ZIP	2730 S.W. 3RD AVENUE, SUITE MIAMI FL 33129		СПУ		0000031364706 -02/15/0001118012		
Document# Name			STF	REET ADDRESS	****535.00 ****535.00		
STREET ADDRESS CITY-ST-ZIP			CIT	7 - ST - ZBP			
DOCUMENT# NAME			STF	EET ADDRESS			
STREET ADDRESS CITY - ST-ZIP			cm	r-st-zip			
DOCUMENT# NAME _			STF	LEET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			ar	7-ST-ZIP			
DOCUMENT # NAME			STF	REET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				/-ST-ZIP			
14. I hereby of indicated the received	certify that the information supplied will on this report is true and accurate and er or trustee empowered to execute the	h this filing does not quality for I that my signature shall have the is report as required by Chapte	the exe he sam er 620,	emption state le legal effect Floyida State	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information sect as if made under oath; that I am a General Partner of the limited partnership or atutes		

Daytime Phone #