

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

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| LIMITED PARTNERSHIP ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS |
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR 31 PM 2:36

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| 1. Name of Limited Partnership HOMESTEAD HOUSING PARTNERSHIP I, LTD. | 1a. DOCUMENT # A93000000491 |
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| Mailing Address 800 CLEMATIS STREET, SUITE 211 WEST PALM BEACH FL 33401 | Principal Office Address 300 CLEMATIS STREET, SUITE 211 WEST PALM BEACH FL 33401 |
| 2. Mailing Address 222 CLEMATIS Suite, Apt. #, etc. SUITE 207 City & State WEST PALM BEACH, FL Zip Country 33401 | 2a. Principal Office Address 222 CLEMATIS Suite, Apt. #, etc. SUITE 207 City & State WEST PALM BEACH, FL Zip Country 33401 |

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| 3. Date Formed or Registered 05/06/1993 | 5a. Capital Contributions as Shown on record. \$100.00 |
| 3a. Date of Last Report 10/02/1995 | 5b. Amount of Capital Contributions in FLORIDA to date: |
| 4. State or Country of Formation FL | |
| 6. FEI Number 59-3211856 | <input type="checkbox"/> Applied For <input checked="" 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 WOLFE, LEON J ESQ. C/O BERMAN, WOLFE & RENNERT, P.A. 100 S.E. 2ND STREET, 38TH FLOOR MIAMI FL 33131-2130 | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. 8000002129708--2 City MIAMI FL 33131-2130 |
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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.**

| 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 |
|-----------------------------------|---|-----------------------------|-----------------------------------|
| TACOLCY HHP, INC. | 645 NW 62ND STREET, S | MIAMI FL 33150 | P93000063240 |
| THE RICHMAN GROUP OF FLORIDA | 330 CLEMATIS STREET, | WEST PALM BEACH FL 33 | P93000082822 |

dec 156.25 (new bus)

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.

SIGNATURE *Paula Ryan* DATE 2/21/97
 Typed or Printed Name of General Partner Signing Form PAULA RYAN Daytime Telephone Number 561 659-2050

CR2E003 (11/96)