

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

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE

Sandra H. Maytham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE 4  
DIVISION OF CORPORATIONS  
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1. Name of Limited Partnership

1a. DOCUMENT #  
**A93000000491**

**HOMESTEAD HOUSING PARTNERSHIP I, LTD.**



*Page 1 of 2*

2. Mailing Address 222 CLEMATIS STREET, SUITE 207 WEST PALM BEACH FL 33401		2a. Principal Office Address 222 CLEMATIS STREET, SUITE 207 WEST PALM BEACH FL 33401		3. Date Form or Registered 05/06/1993	5a. Capital Contributions as shown on record.  \$100.00
2. Mailing Address		2a. Principal Office Address		3b. Date of Last Report 03/31/1997	
4. State or Country of Formation FL		6. FR Number 59-3211856		5b. Amount of Capital Contributions in FLORIDA to date:  <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)			

9. Name and Address of Current Registered Agent  WOLFE, LEON J ESQ. C/O BERMAN, WOLFE & BENNETT, P.A. 100 S.E. 2ND STREET, 30TH 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. City FL Zip Code	
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10b. Pursuant to the provisions of sections 620.1051 and 620.102, 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 as 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 Number)	11b. City, State & Zip Code	11c. Registrant/Document Number
TACOLCY HHP, INC.	645 NW 82ND STREET, 6	MIAMI FL 33150	P93000083240
THE RICHMAN GROUP OF FLORIDA	330 CLEMATIS STREET.	WEST PALM BEACH FL 33	P93000082822

SECRETARY OF STATE