


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003153 AV

DOCUMENT # A93000000491

1. Entity Name
HOMESTEAD HOUSING PARTNERSHIP I, LTD.



FILED
03 JAN 28 PM 1:02

Principal Place of Business
**319 CLEMATIS STREET, SUITE 901
WEST PALM BEACH FL 33401**

Mailing Address
**319 CLEMATIS STREET, SUITE 901
WEST PALM BEACH FL 33401**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **59-3211856**

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THE RICHMAN GROUP OF FLORIDA, INC.
319 CLEMATIS STREET, SUITE 901
WEST PALM BEACH FL 33401**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$2,496,293.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$2,496,293.00**

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	
DOCUMENT #	P93000063240
NAME	TACOLCY HHP, INC.
STREET ADDRESS	645 NW 62ND STREET, SUITE 300
CITY-ST-ZIP	MIAMI FL 33150
DOCUMENT #	P93000082822
NAME	THE RICHMAN GROUP OF FLORIDA, INC.
STREET ADDRESS	319 CLEMATIS STREET, SUITE 901
CITY-ST-ZIP	WEST PALM BEACH FL 33401
DOCUMENT #	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	000010976170
CITY-ST-ZIP	01/28/03--01025--011 **526.25
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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: Charles L. Krafnick Charles L. Krafnick, Assist. Treasurer of The Richman Group of Florida, Inc. **1-16-03** **203-869-0900**

Date Daytime Phone #

CR2E003 (10/02)