200	4 HMH	FORM RIIG	INESS DEDA	DT /II	IDD'I	•			
DOCUMENT # A93000001284					, DR)	FILED			
JACKSONVILLE AFFORDABLE HOUSING, LTD.						01 MAY -1 PM 6: 20			
							CODE THE PRINCE	6: 20	
Principal Place of Business Mailing Address				· · · · · · · · · · · · · · · · · · ·		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1002 WEST 23RD STREET. SUITE 400 1002 WEST 23RD STREE PANAMA CITY FL 32405 PANAMA CITY FL 32405				SUITE 400				RIDA	
						1 10001801111		KI BOLDI KIR ID K IRI DI J O NI DIDE 1 00 1	
2. Principal	Place of Busin	ess	3. Mailing Address	3. Mailing Address					
Suite, Apt	#, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State			City & State	City & State		4. FEI Number	59-3211806	Applied For Not Applicable	
Zip Country		Zip	Country		5. Certificate of		\$8.75 Additional Fee Required		
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent				
HENDY DARROT E III				Na	Name				
HENRY, ROBERT F III 1002 WEST 23RD STREET, SUITE 400				Str	Street Address (P.O. Box Number is Not Acceptable)				
PANAMA CITY FL 32405									
					City FL Zip Code				
8. The above	e named entity	submits this statement for	or the purpose of changing its r	<u>l</u> registered off	ice or register	ed agent, or both,	in the State of Florida.		
	·				-	•			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOT R					Agent signature required when reinstating) DATE				
9. Capital Contributions as Shown on record. \$3,239,888.00 10. Amount of Capi in FLORIDA to compare the contributions as Shown on record.					is		11. MAKE CHECK PAYAB SEE REVERSE SIDE	LE TO DEPT. OF STATE I	
			THAT IS A BUSINESS END						
NOTE: General Partners MAY NOT be changed on till e 12. GENERAL PARTNER INFORMATION					ADDRESS CHANGES ONLY				
DOCUMENT #	1000310				RESS				
	NAME ROYAL AMERICAN DEVELOPMENT, INC, STREET ADDRESS 1002 WEST 23RD STREET, SUITE 400				Y-ST-ZIP			01005001	
CITY-ST-ZIP PANAMA CITY FL 32405				CITY-ST-ZIF	<u>`</u>		-05/18/UI		
DOCUMENT #	143000				ress		※※サルエフィ		
NAME STREET ADDRESS	DATEGOTT HATCOTHERAD, HAC.								
CITY-ST-ZIP	PANAMA CITY FL 32401			CITY-ST-ZIP					
DOCUMENT #				STREET ADD	RESS	•		ı	
NAME STREET ADDRESS	GONATAM, MARION OR								
CITY-ST-ZIP JACKSONVILLE FL 32207				CITY - ST - ZIP					
DOCUMENT # NAME				STREET ADDI	RESS				
STREET ADDRESS : CITY-ST-ZIP				CITY-ST-ZIP	<u> </u>	К			
DOCUMENT #				STREET ADDI	- 1	' N			
NAME STREET ADDRESS]	<u> </u>				
CITY-ST-ZIP				CITY-ST-ZIP					
DOCUMENT #	ľ			I				i	

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 precure this report as required by Char ter 620, Florida Statutes

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENER AL PARTNER DE CONTROL DE LOUIS DE LOUIS

CR2F003 (11/0