2002	UNIFORM	BUSINESS	REPORT	/UBR
	Oldin Ollim	DOUITEOU	HEL CHIL	10011

SIGNATURE:

DOCUMENT # A9300001284 1. Entity Name JACKSONVILLE AFFORDABLE HOUSING, LTD.					FILED		
					02 APR 30 PM 2: 38	Ą	
1002 WEST 23RD STREET. SUITE 400 1000		Mailing Address 1002 WEST 23RD STREE PANAMA CITY FL 32405	1002 WEST 23RD STREET. SUITE 400		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
		ı					
2. Principal Place of Business		3. Mailing Address			- 1 (2010) 1210 (1818) (1111) 15111 15211 15211 15211 15111 15111 11111 11111 11111		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2002		
City & State		City & State			4. FEI Number 59-3211806 Applied For Not Applied For	-	
Zip	Country	ountry Zip C		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Curren	Registered Agent	L		7. Name and Address of New Registered Agent	1	
LIENDY I	DARENT E III			Name			
HENRY, ROBERT F III 1002 WEST 23RD STREET, SUITE 400				Street Address (P.O. Box Number is Not Acceptable)			
PANAMA	CITY FL 32405			City	FL Zip Code	-	
8. The above	named entity submits this statement f	or the purpose of changing its	register	red office or registe	ered agent, or both, in the State of Florida.	1	
SIGNATURE .							
9. Capital Co	Signature, typed or printed name of registered agen ntributions \$3,239,888.00	10. Amount of Capit	al Contri	ibutions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE	1	
as Shown o	on record.	in FLORIDA to d	ate.		SEE REVERSE SIDE FOR FEE INFORMATION STERED AND ACTIVE WITH THIS OFFICE.	4	
					ent must be filed to change a general partner.		
12. DOCUMENT#	GENERAL PARTNE	R INFORMATION	13.		ADDRESS CHANGES ONLY	=	
NAME	ROYAL AMERICAN DEVELOPM		STA	EET ADDRESS	<u> </u>	CR2E003 (9/01)	
STREET ADDRESS CITY-ST-ZIP	1002 WEST 23RD STREET, SUITE 400 PANAMA CITY FL 32405		CITY	Y-ST-ZIP		12E00	
DOCUMENT # NAME	N43835 Bay equity investments, in	IC.	STR	EET ADORESS	7000055079670 -05/13/0201010001	12	
STREET ADDRESS City-St-Zip	ET ADDRESS 538 HARMON AVENUE		CITY	Y-ST-ZIP	-05/13/0201010 001 **45187.28 ****535.00		
DOCUMENT # NAME	GRAHAM, MARION JR		STR	EET ADDRESS			
STREET ADDRESS City-St-Zip	900 FLORIDA AVENUE JACKSONVILLE FL 32207		CITY	Y-ST-ZIP		•	
DOCUMENT # NAME			STAI	EET AODRESS			
STREET ADDRESS CITY-ST-ZIP			CITY	r-st-zip	, >		
DOCUMENT #			STRE	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY	r-ST-ZIP	(A) (D)		
DOCUMENT # NAME			STRE	EET ADDRESS	NNS D		
STREET ADDRESS CITY-ST-ZIP			CITY	/-ST-ZIP			
14. I hereby of indicated the receiv	certify that the information supplied wit on this report is true and accurate and er or trustee empowered to execute the	n this filing does not qualify for I that my signature shall have is report as required by Chap	the exe the same ter 620,	emption stated in S e legal effect as if Florida Statutes	Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership or		

Airt Sec

4 20 02 850 714 8981
Date Phone