


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000000252		
1. Entity Name VIZCAYA HOUSING, LTD.		
Principal Place of Business 168 HIALEAH DRIVE MIAMI FL 33101-0	Mailing Address 168 HIALEAH DRIVE MIAMI FL 33101-0	
2. Principal Place of Business	3. Mailing Address	

FILED
03 MAY -5 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2003	
City & State		City & State		4. FEI Number 65-0478156	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SWEETZ, LEWIS 5709 NW 158 ST BLDG 46 MIAMI LAKES FL 33014				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. \$7,500.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P94000015788 VIZCAYA AFFORDABLE CORP. 5709 N.W. 158TH ST. MIAMI LAKES FL 33814	STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	100017997161
DOCUMENT #		CITY - ST - ZIP	05/05/03--01005--015 **534.00
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	

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: _____ **SIGNATURE REQUIRED** _____ **7/30/03** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)