2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED Mar 23, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # A940000 TED HOUSING DEVEL		v.		56	·
Principal Place 1551 SANDS MAITLAND, F		Mailing Address P.O. BOX 4961 ORLANDO, FL 32802	-4961			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt #, etc.		Suite, Apt #. etc.		<u> </u>	01102005 Chg-LP	CR2E003 (10/03)
City & State	9	City & State			4. FEI Number 59-3290177	Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	S8.75 Additional Fee Required
	6. Name and Address of Cur	rent Registered Agent	Nar		7. Name and Address of New R	legistered Agent
390 NORTI	B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE, SUITE 1100			Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO), FL 32801		ļ —			
			City			FL Zip Code
8. The above the obligati	named entity submits this statemer ions of registered agent.	ent for the purpose of changing it	s registered offi	e or registered	d agent, or both, in the State of Flo	orida. I am familiar with, and accept
SIGNATURE -	Signature, typed or printed name of registered	agent and tills if applicable.	<u></u>		*** <u>**** (2.74)</u>	DATE
9. Capital Cor as Shown o		- 10. Amount of Capi in FLORIDA to o		;		
					RED AND ACTIVE WITH TH	
12.		TNER INFORMATION	13.	amonament	ADDRESS CH	
DOCUMENT # NAME STREET ADDRESS	FAMILY AFFORDABLE PARTNERS, INC.		STREET ADDR	ESS		274104 -80056-012 141.25
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-SI-ZIP		03/23/05~	#UUSBTUIZ 191.23
DOCUMENT # NAME STREET ADDRESS			STREET ADDR	ESS		
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NAME STREET ADDRESS			STREET ADDF	ESS		
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			STREET ADOR	ESS		
STREET ADDRESS CITY-SY-ZIP			CITY-ST-ZIP			
14. I hereby dindicated the receive	on this report is true and accurate or or trustee empowered to execut BY. FAMILY AF	and that my signature shall have te this report as required by Chaj	e tne same legal pter 620, Florida	errect as ir mai Statutes	tion 119.07(3)(i), Florida Statutes, de under oath, that I am a General Pay 1794	I further certify that the information all Partner of the limited partnership of
IAMEDIC	SIGNATURE AND TYPI	DOY, VICE PRES.	RAL PARTNER		Date /	Daytime Phone #