2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

A95000000238 DOCUMENT # 1. Entity Name SEGRETARY OF STATE CHIMNEY RIDGE PARTNERS II, LIMITED PARTNERSHIP DIVISION OF CURPORATIONS 00 MAR 23 PM 3: 03 Mailing Address Principal Place of Business C/O BROAD AND CASSEL 1551 SANDSPUR ROAD P.O. BOX 4961 MAITLAND FL 32751 ORLANDO FL 32802-4961 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3313917 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **B&C CORPORATE SERVICES OF CENTRAL FLORIDA** Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO FL 32801 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,438,286.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. 5 910,14 as Shown on record. 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. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 12. A95000000744 DOCUMENT # STREET ADDRESS CED CAPITAL HOLDINGS IV B. LTD. NAME 1551 SANDSPUR ROAD STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP F95000000803 -04/03/nn--ninne DOCUMENT # STREET ADDRESS AMERICAN HOUSING FOUNDATION III, INC. 1405 BEN FRANKLIN COURT STREET ADDRESS CITY-ST-ZIP MARIETTA GA 30062 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY ST-7IP DOCUMENT# STREET ADORESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 eport as required by Chapter 620, Florida Slatutes -DINGS IN B LTD. HOLDINGS IN B LINC. Gence