<del></del>		May 1, 2005		JAL REP	ORT OS AL	FILED
DOCUMENT # A9500000560  1. Entity Name EAGLES RUN HOUSING PARTNERS, LTD.					TALLAHA	PR 18 PM 5:21  TARY OF STATE SSEE, FLORIDA
Principal Place of Business  1551 SANDSPUR ROAD  ARTLAND, FL 32751 -  ATLANTA, GA			SPRINGS CIRCLE, D103-184			
2. Principal P	2. Principal Place of Business  3. Mailing Address  227 SANDY SPRINGS CIRCLE					
Suite, Apt	#, etc _	Suite, Apt. #, etc			03312005 Chg-LP	CR2E003 (10/03)
D/03-/84 City & State		City & State		4. FEI Number	Applied For	
Zip	NTA, 6A Country	Zip Country		ntry	59-3307072 5. Certificate of Status Desired	Not Applicable  \$8.75 Additional
3032	6. Name and Address of Current	Registered Agent	<u></u>		7. Name and Address of New	rea Required
Dec 222	B&C CORPORATE SERVICES OF CENTRAL FLORIDA, INC.				white are resided or HOW	- Grant and Ligaria
INC.					P.O Box Number is Not Accepted	le)
	390 NORTH ORANGE AVE., SUITE 1100 ORLANDO, FL 32801					
				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, the obligations of registered agent.						
SIGNATURE	ions of registeroo agent					
ļ	Signature, typed or printed name of registered agent					DATE
9. Capital Contributions as Shown on record \$4,292,000.00 10. Amount of Capital Contributions in FLORIDA to date						
12.		AY NOT be changed on t			TERED AND ACTIVE WITH THE IT MUST be filed to change a GADDRESS CHANGE ADDRESS CH	
DOCUMENT / F95000003634				EET ADORESS		
STREET ADDRESS CITY-ST-ZIP	TADDRESS 5920 ROSWELL ROAD, SUITE B107-184			'- ST- 21P		
DOCUMENT # NAME STREET ADDRESS	NUROCK CORPORATION			EET ADORESS		
- CITY-ST-ZIP	3020110011=1211011010112101101101			-ST-21P		
DOCUMENT # NAME STREET ADDRESS			STR	FET ADDRESS	20005 04/20/0501	1412862 060011 **526.25
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NAME STREET ADDRESS				EET ADORESS		
DOCUMENT #				ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		•		-ST-ZIP		
14. Thereby of indicated the receiver	Ectify that the information supplied with the information supplied with the on this report is true and accurate and ver or trustee empowered to execute the NUROX HOUSIN	I that my signature shall have ils recort as required by Char	the same	e legal effect as if n Florida Statules	nade under oath; that I am a Gene	I further certify that the information at Partner of the limited partnership of
SIGNATUR AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DEID DOD DOYATTE Phone #						
	SIGNATURE AND TYPED OF	R PRINTED NAME OF SIGNING GENER + Hoskins, M			Date	Daylime Phone #