

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001873**

1. Entity Name
NHPAHP AFFORDABLE HOUSING II LIMITED PARTNERSHIP

FILED
Apr 21 2000 8:00 am
Secretary of State

Principal Place of Business
THE FORUM
1675 PALM BEACH LAKES BLVD., SUITE 1002
WEST PALM BEACH FL 33401

Mailing Address
THE FORUM
1675 PALM BEACH LAKES BLVD., SUITE 1002
WEST PALM BEACH FL 33401-2119



DO NOT WRITE IN THIS SPACE

| | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|----------------|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-0625675 | | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| Zip | Country | Zip | Country | | | |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| ERBEY, JOHN R 1675 PALM BEACH LAKES BLVD. SUITE 1002 WEST PALM BEACH FL 33401 | | Name 200003225592--7 Street Address (P.O. Box Number is Not Acceptable) -04/26/00--01100--011 ****526.25 ****526.25 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$196,347.62** 10. Amount of Capital Contributions in FLORIDA to date. **\$1,214,919.09** 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 # | OCWEN FEDERAL BANK FSB 1675 PALM BEACH LAKES BLVD., SUITE 1002 WEST PALM BEACH FL 33401 | STREET ADDRESS | FR \$526.25 |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| DOCUMENT # | | STREET ADDRESS | |
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| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | 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: **FRANKLIN REGUIPEL** **OCWEN Federal Bank FSB** **5261-**
DL Donato **2/25/00** **682-8000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)