.∞≥000 UNIFORM BUSINESS REPORT (UBR) A95000001932 DOCUMENT # FILED W 8/4 1. Entity Name 00 AUG -1 AM 8: 49 BLUE ANGEL LIMITED PARTNERSHIP SECRETARY OF STAFE TALUAHASSEE FLORIDA Mailing Address Principal Place of Business C/O THE RICHMAN GROUP OF FLORIDA C/O THE RICHMAN GROUP OF FLORIDA 120 S. OLIVE AVE. SUITE 300 120 S. OLIVE AVE. SUITE 300 WEST PALM BEACH FL 33401-5532 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3230864 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WOLFE, LEON J ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O BERMAN, WOLFE & RENNERT, P.A. 300003344 100 S.E. 2ND STREET, 3500 INTERNATIONAL PL -08/02/00--01076--012 MIAMI FL 33131-2130 ****526.25 City 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 (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$3,715,957.00 4,534,052 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. CR2E003 (9/99) P93000082822 DOCUMENT# STREET ADDRESS 120 THE RICHMAN GROUP OF FLORIDA, INC. 330 CLEMATIS, STE. 210 STREET ADDRESS CITY - ST - ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP N96000004947 DOCUMENT# STREET ADDRESS **BLUE ANGEL HOUSING CORPORATION** NAME 302 N. BARCELONA STREET STREET ADDRESS CITY - ST - ZIP FF \$526,25 PENSACOLA FL 32501 CITY-ST-ZIP DOCHMENT# STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIE DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS WA SE

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

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADORESS

SIGNATURE

STREET ADDRESS

CTTY-ST-ZIP DOCUMENT#

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/00

203-869-0900