

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001938

1. Entity Name

NHP AFFORDABLE HOUSING PARTNERS 3, LIMITED PARTN

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 AM 10:49

mf 3/27/00

Principal Place of Business
C/O OCWEN FINANCIAL CORP.
1675 PALM BEACH LAKES BLVD., SUITE 1002
WEST PALM BEACH FL 33401

Mailing Address
C/O OCWEN FINANCIAL CORP.
1675 PALM BEACH LAKES BLVD., SUITE 1002
WEST PALM BEACH FL 33401-2119



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number **65-0632447**
Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ERBEY, JOHN R
1675 PALM BEACH LAKES BLVD, SUITE 1002
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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. **\$4,906,197.51**

10. Amount of Capital Contributions in FLORIDA to date. **\$3,783,981.16**

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	OCWEN FEDERAL BANK FSB 1675 PALM BEACH LAKES BLVD., SUITE 1002 WEST PALM BEACH FL 33401
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	900003188939--8
STREET ADDRESS	03/29/00--01075--001
CITY - ST - ZIP	****526.25 ****526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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: *[Signature]* **SIGNATURE REQUIRED** *OCWEN FEDERAL BANK FSB*
Date: *2/25/00* Daytime Phone #: *561-682-8000*