

2001 UNIFORM BUSINESS REPORT (UBR)

000007 AF


DOCUMENT # A95000001938

1. Entity Name
NHP AFFORDABLE HOUSING PARTNERS 3, LIMITED PARTN

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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
01 MAR -5 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

4. FEI Number **65-0632447**
Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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. **\$4,906,197.51**
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	OCWEN FEDERAL BANK FSB
STREET ADDRESS	1675 PALM BEACH LAKES BLVD., SUITE 1002
CITY-ST-ZIP	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	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	100003819631--6
STREET ADDRESS	-03708701--01116--020
CITY-ST-ZIP	***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
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: *John R. Barnes*
BY: **OCWEN FEDERAL BANK FSB, its general partner**
John R. Barnes 2/21/01 561-682-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)