

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN 24 PM 3: 11



BK 1/24/97

1. Name of Limited Partnership
1a. DOCUMENT #
A96000000642

CRANE CREEK HOUSING PARTNERS, LTD.

Mailing Address 1006 BECKSTROM DRIVE OVIEDO FL 32765	Principal Office Address 1006 BECKSTROM DRIVE OVIEDO FL 32765
2. Mailing Address SAME AS ABOVE	2a. Principal Office Address SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 03/27/1996	5a. Capital Contributions as Shown on record. \$1,000.00
3a. Date of Last Report 03/27/1996	5b. Amount of Capital Contributions in FLORIDA to date: \$1,000.00
4. State or Country of Formation FL	
6. FEI Number 59-3370701	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent

EDWARDS, BECKY T
1006 BECKSTROM DRIVE
OVIEDO FL 32765

10. If changed, new Registered Agent/Office

Name: **N/A**

Street Address (P.O. Box Number Is Not Acceptable): **N/A**

Suite, Apt. #, etc.

City: **FL** Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *[Signature]* DATE **12/22/96**

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) Ashley Associates, Ltd.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1006 BECKSTROM DRIVE	11b. City, State & Zip Code OVIEDO FL 32765	11c. Registration/Document Number A97000000704 A96000001708 100002068251--3
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *[Signature]* DATE **12/22/96**

By **Ashley Associates, Ltd.,**
Typical or Printed Name of General Partner **Becky T. Edwards, President**

Telephone Number **(407) 345 9587**

CR2E003 (6/96)



A96000000642

ACCOUNT NO. : 072100000032

REFERENCE : 232569 7107007

AUTHORIZATION : Patricia Puzos

COST LIMIT : \$ ~~601.25~~

ORDER DATE : January 22, 1997

156.25

ORDER TIME : 11:31 AM

ORDER NO. : 232569-005

CUSTOMER NO: 7107007

CUSTOMER: Ms. Becky Edwards
Bng Partners Inc.
1006 Deckstrom Drive

100002068251--3

Oviedo, FL 32765

ANNUAL REPORT FILING

NAME: CRANE CREEK HOUSING PARTNERS,
LTD.

BK 1/24/97

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: MIKE KLUNK

EXAMINER'S INITIALS: _____

RECEIVED
96 JAN 24 PM 1:22
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA