

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

A9600000692

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

98 MAR -5 PM 3:04

1. Name of Limited Partnership St. Martin Affordable Housing, Ltd.		1a. DOCUMENT # A9600000692	3. Date Formed or Registered 4/10/96	5a. Capital Contributions as shown on record. \$1,000.00
Mailing Address: 168 Hialeah Dr. Hialeah, FL 33010		Principal Office Address: 168 Hialeah Dr. Hialeah, FL 33010	3a. Date of Last Report 11/12/96	5b. Amount of Capital Contributions in FLORIDA to date. \$1,000.00
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FLORIDA	6. FBI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$6.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)	
City & State	City & State			
Zip Country	Zip Country			

9. Name and Address of Current Registered Agent LEON J. WOLFE, ESQ. Berman Wolfe & Rennert, P.A. 100 S.E. 2nd Street Suite 3500 Miami, FL 33131-2130	10. If changed, new Registered Agent/Office Name: Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, etc.: City: FL Zip Code:
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10a. Pursuant to the provisions of sections 620.1061 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 3/4/98

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
St. Martin Corporation	168 Hialeah Drive	Hialeah, FL 33010	P96000031213 400002456814-5 -03/13/98-01073-013 ***150.00 ***150.00
		BK 3/5/98	(CUR)

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 effect 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.

BY: ST. MARTIN CORPORATION, General Partner
 SIGNATURE [Signature] DATE 3/4/98
 Typed or Printed Name of General Partner Signing Form Ruby Swazy, President Daytime Telephone Number 305-353-4452