

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

150.00

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

A96000000692

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 29 PM 3:31

1. Name of Limited Partnership		1a. DOCUMENT # A96000000692	
ST. MARTIN AFFORDABLE HOUSING, LTD.			
Mailing Address Post Office Box 4961 Orlando, FL 32802		Principal Office Address 5709 N.W. 158th Street Miami Lakes, FL 33014	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
3. Date Formed or Registered 4/10/1996		3a. Date of Last Report	
3b. Capital Contributions as Shown on record \$1,000.00		3c. Amount of Capital Contributions in FLORIDA to date \$1,000.00	
4. State or Country of Formation Florida		6. FB Number 65-0738732	
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 informat	
<input type="checkbox"/> Applied For		<input type="checkbox"/> Not Applicable	

9. Name and Address of Current Registered Agent Leon J. Wolfe, Esq. c/o Berman, Wolfe & Rennert, P.A. 35th Floor, International Place 100 Southeast Second Street Miami, Florida 33131-2130		10. If changed, new Registered Agent/Office Name B&C Corporate Services of Central Florida Inc Street Address (P.O. Box Number is Not Acceptable) 390 North Orange Avenue, Suite 1100 Suite, Apt. #, etc. City Orlando Zip Code FL 32801	
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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) _____ DATE _____

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) ST. MARTIN CORPORATION, a Florida corporation	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5709 N.W. 158th Street	11b. City, State & Zip Code Miami Lakes, FL 33014	11c. Registration/Document Number P96000031213 500002735435--1 -01/08/99--01110--010 ****565.00 ****150.00
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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)(c), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(d) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicates 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 empowered to execute this report as required by Chapter 620, Florida Statutes.

By: ST. MARTIN CORPORATION, general partner
SIGNATURE _____ DATE 12-18-98
Robby Swezy, President
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number 305-821-0350