


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED  
May 11, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # A96000000692</b>					
1. Entity Name <b>ST. MARTIN AFFORDABLE HOUSING, LTD.</b>					
Principal Place of Business <b>5709 N.W. 158TH STREET MIAMI LAKES, FL 33014</b>			Mailing Address <b>5709 N.W. 158TH STREET MIAMI LAKES, FL 33014</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0738732</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SWEZY, LEWIS V 5709 N.W. 158TH STREET MIAMI LAKES, FL 33014</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$9,251,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>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.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	<b>P96000031213</b>		STREET ADDRESS		
NAME	<b>ST. MARTIN CORPORATION</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>5709 N.W. 158TH STREET</b>				
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33014</b>				
DOCUMENT #			STREET ADDRESS	<b>40000035004 05/11/05-80019-003 \$35.00</b>	
NAME			CITY-ST-ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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					
<b>SIGNATURE:</b> _____			Date <b>9/27/05</b> Daytime Phone # <b>305-821-0333</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE