

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 DEC 22 AM 11:04

*mtu*  
12/29

1. Name of Limited Partnership

1a. DOCUMENT #  
**A96000000965**

**AMERICAN FAMILY HOUSING, LTD.**



Mailing Address

Principal Office Address

C/O JOHN W. SHEA  
218 BEACH BOULEVARD, SUITE 9  
JACKSONVILLE BEACH FL 32250

C/O JOHN W. SHEA  
218 BEACH BOULEVARD, SUITE 9  
JACKSONVILLE BEACH FL 32250

3. Date Formed or Registered

05/24/1996

5a. Capital Contributions as Shown on record.

\$300,000.00

3a. Date of Last Report

04/11/1997

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. FEI Number

59-3380802

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$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

~~DALE, HOWARD I  
200 WEST FORSYTH STREET, SUITE 1100  
JACKSONVILLE FL 32202-4308~~

10. If changed, now Registered Agent/Office

Name

JOHN W. SHEA

Street Address (P.O. Box Number Is Not Acceptable)

218 BEACH BLVD, Suite 9

Suite, Apt. #, etc.

Suite 9

City

JACKSONVILLE BEACH

FL

Zip Code

32250

10a. Pursuant to the provisions of sections 620.105(1) 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)

*John W. Shea*

DATE

12/15/97

**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

SHEA, JOHN W

218 BEACH BLVD., SUITE 9

JACKSONVILLE BEACH FL  
32250

9000002385399-8  
-12/30/97-01026-014  
\*\*\*\*541.25 \*\*\*\*541.25

**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

*John W. Shea*

DATE

12/15/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)