

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001076**

1. Entity Name.

NHP AFFORDABLE HOUSING PARTNERS 5, LIMITED PARTN

FILED

Apr 21 2000 8:00 am

Secretary of State

Principal Place of Business
1675 PALM BEACH LAKES BLVD., SUITE 1002
WEST PALM BEACH FL 33401

Mailing Address
1675 PALM BEACH LAKES BLVD., SUITE 1002
WEST PALM BEACH FL 33401-2119



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0804949		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ERBEY, JOHN R 1675 PALM BEACH LAKES BLVD., SUITE 1002 WEST PALM BEACH FL 33401							

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record: **\$2,872,985.34**

10. Amount of Capital Contributions in FLORIDA to date: **\$4,045,533.02**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	OCWEN FEDERAL BANK FSB	STREET ADDRESS	200003225622--2
NAME	1675 PALM BEACH LAKES BLVD., SUITE 1002	CITY - ST - ZIP	-04/26/00--01100--013
STREET ADDRESS	WEST PALM BEACH FL 33401		***526.25 ***526.25
CITY - ST - ZIP			FF \$526.25
DOCUMENT #		STREET ADDRESS	
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE: OCWEN FEDERAL BANK FSB
L. Donato, SVP 5/1-682-8000
DATE: 2/25/00 DAYTIME PHONE: #

CR2E003 (9/99)