

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION  
AND \$500 PENALTY FEE**

**FILED**

97 APR 28 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>1. Name of Limited Partnership</b>  <b>NHP AFFORDABLE HOUSING PARTNERS 8, LIMITED PARTNERSHIP</b>	<b>1a. DOCUMENT #</b> <b>A96000001328</b>  <i>an-AR CM</i>
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<b>Mailing Address</b> 1675 PALM BEACH LAKES BLVD., SUITE 1002 WEST PALM BEACH FL 33401	<b>Principal Office Address</b> 1675 PALM BEACH LAKES BLVD., SUITE 1002 WEST PALM BEACH FL 33401	<b>3. Date Formed or Registered</b> 07/16/1996	<b>5a. Capital Contributions as Shown on record.</b> <b>\$100.00</b>
		<b>3a. Date of Last Report</b>	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>
		<b>4. State or Country of Formation</b> FL	
<b>2. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country	<b>2a. Principal Office Address</b> Suite, Apt. #, etc. City & State Zip Country	<b>6. FEI Number</b> 65-0704726	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		<b>7. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>			

<b>9. Name and Address of Current Registered Agent</b> <b>ERBEY, JOHN R</b> 1675 PALM BEACH LAKES BOULEVARD SUITE 1002 WEST PALM BEACH FL 33401	<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code
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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)

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<b>11. Name(s) of General Partner(s)</b> <b>BERKELEY FEDERAL BANK &amp; TRUS</b> PLEASE SEE ATTACHED OCWEN FEDERAL BANK FSB IS A NAME CHANGE ONLY, NOT A CHANGE IN THE GENERAL PARTNER.	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 1675 PALM BEACH BLVD.	<b>11b. City, State &amp; Zip Code</b> WEST PALM BEACH FL 33	<b>11c. Registration/Document Number</b> OCWEN FEDERAL BANK FSB IS A FEDERALLY CHARTERED SAVINGS BANK INCORPORATED UNDER THE LAWS OF THE UNITED STATES OF AMERICA AND THERE- FORE DOES NOT NEED TO BE REGISTERED AS A GENERAL PARTNER IN THE STATE OF FL
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*Noted with file - 10/8*

CR2E003 (11/96)

**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.

<b>SIGNATURE</b>  <b>STEPHEN C. WILHOIT, SENIOR VICE PRESIDENT</b>	<b>DATE</b> 3-12-97
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Typed or Printed Name of General Partner Signing Form Daytime Telephone Number



Office of Thrift Supervision  
Department of the Treasury

10 Exchange Place, 15th Floor, Jersey City, NJ 07302  
Telephone: (201) 413-1000 • Fax: (201) 413-7541

96-492191 T#001  
10-03-96 05:04PM

Northeast Region

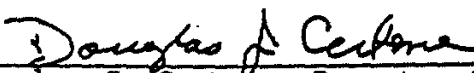
OTS Docket No. 4592

October 1, 1996

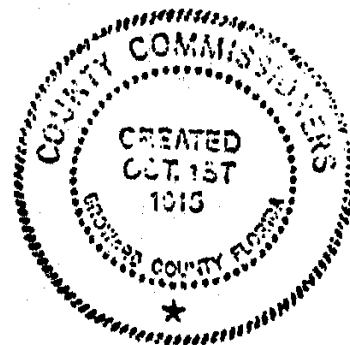
TO WHOM THIS MAY CONCERN:

This will certify and affirm that effective October 1, 1996, Berkeley Federal Bank and Trust FSB, Fort Lee, New Jersey, changed its corporate title to "Ocwen Federal Bank FSB."

This document may be reproduced without affecting the validity of the statements contained herein.

  
Douglas J. Cestone, Department Head  
Office of Thrift Supervision  
Department of the Treasury  
Northeast Regional Office

RECORDED IN THE OFFICIAL RECORDS BOOK  
OF BROWARD COUNTY, FLORIDA  
COUNTY ADMINISTRATOR



STATE OF FLORIDA  
BROWARD COUNTY

I HEREBY CERTIFY that the above  
and foregoing is a true and correct copy of  
Certificate

as recorded under CFN 96-492191  
WITNESS my hand and official seal in the City of Fort

Lauderdale, Fla. this 3rd day of OCT A.D. 1996  
County Administrator

By Stephane Patten D.C.

FILED  
97 APR 28 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EX25478P60182