


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

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1998</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mogham Secretary of State DIVISION OF CORPORATIONS</b>	
<b>1. Name of Limited Partnership</b>		<b>1a. DOCUMENT #</b> <b>A96000002209</b>	
<b>ESKO-ST. CLOUD AFFORDABLE HOUSING, LTD.</b>			
<b>Mailing Address</b> 305 ROYAL POINCIANA PLAZA PALM BEACH FL 33480		<b>Principal Office Address</b> 305 ROYAL POINCIANA PLAZA PALM BEACH FL 33480	
<b>2. Mailing Address</b>		<b>2a. Principal Office Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
		<b>3. Date Formed or Registered</b> 12/03/1996	
		<b>3a. Date of Last Report</b> 01/10/1997	
		<b>4. State or Country of Formation</b> FL	
		<b>5a. Capital Contributions as Shown on record</b> <del>\$3,800,000.00</del> <del>\$7,500.00</del>	
		<b>5b. Amount of Capital Contributions in FLORIDA to date:</b> \$3,800,000.00	
		<b>6. FEI Number</b> 65-0798070 <b>APPLIED FOR</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		<b>7. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>			

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 JAN 20 PM 2:26



Supp. filed  
att. filed  
12/26/97

<b>9. Name and Address of Current Registered Agent</b>		<b>10. If changed, new Registered Agent/Office</b>	
HAMLIN, CURTIS D ESQ. HARLEE, PORGES, HAMLIN, KNOWLES, BALD 1205 MANATEE AVENUE WEST BRADENTON FL 34205		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	FL

**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.**

<b>11. Name(s) of General Partner(s)</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>	<b>11b. City, State &amp; Zip Code</b>	<b>11c. Registration/Document Number</b>
ESKO AFFORDABLE HOUSING, INC	305 ROYAL POINCIANA P	PALM BEACH FL 33480	P96000087402
8000002410948--2 -01/23/98--01127--004 ****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 \_\_\_\_\_

DATE 12/22/97

James C. Jenkins, as Vice President of

Esko Affordable Housing, Inc.

Daytime Telephone Number 561-833-4211

Typed or Printed Name of General Partner Signing Form

CR2E003 (6/97)