

526.25

FILED

Apr 09, 2005 08:00 AM
Secretary of State**2005 LIMITED PARTNERSHIP ANNUAL REPORT**
Due By May 1, 2005

DOCUMENT # A96000002267

1. Entity Name
ESKO-RIVER BEND AFFORDABLE HOUSING, LTD.Principal Place of Business
340 ROYAL POINCIANA WAY, SUITE 305
PALM BEACH, FL 33480Mailing Address
340 ROYAL POINCIANA WAY, SUITE 305
PALM BEACH, FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

65-0823124

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMLIN, CURTIS D ESQ.
HARLLEE, PORGES, HAMLIN, KNOWLES ET AL
1205 MANATEE AVENUE WEST
BRADENTON, FL 34205

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$5,872,047.00

10. Amount of Capital Contributions
in FLORIDA to date.**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 #

P96000087402

NAME

ESKO AFFORDABLE HOUSING, INC.

STREET ADDRESS

340 ROYAL POINCIANA WAY, SUITE 305

CITY-ST-ZIP

PALM BEACH, FL 33480

STREET ADDRESS

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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)(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 820, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/1/05 561-833-5785
Date Daytime Phone #

STAPLE CHECK HERE