2000 UNIFORM BUSINESS REPORT (UBR) A97000000196 DOCUMENT # 1. Entity Name FILED ESKO-CALUSA SPRINGS AFFORDABLE HOUSING, LTD. 00 MAR 16 PM 4: 58 Mailing Address Principal Place of Business CRETARY OF STATE 340 ROYAL POINCIANA WAY, SUITE 305 340 ROYAL POINCIANA WAY, SUITE 305 PALM BEACH FL 33480-4094 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0772328 Not Applicable \$8.75 Additional Country Zîp Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAMLIN, CURTIS D ESQ. Street Address (P.O. Box Number is Not Acceptable) HARLLEE, PORGES, HAMLIN, KNOWLES ET AL 1205 MANATEE AVENUE WEST **BRADENTON FL 34205** Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$1.916.206.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. P96000087402 DOCUMENT# STREET ADDRESS ESKO AFFORDABLE HOUSING, INC. NAME 305 ROYAL POINCIANA PLAZA STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - 7IP 800003184338-CITY-ST-ZIP 03/27/00--01008--021 ****526.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOC: IMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-78 DOCUMENT # STREET ADDRESS NAME 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

ECKO AFFORDAGE HOUSING, INC.

CITY-ST-7IP

REQUIRED