$437.50

APPROVED AND FILED

04 MAY 10 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A97000000297

1. Entity Name
ESKO-PELICAN POINTE AFFORDABLE HOUSING, LTD.

Principal Place of Business	Mailing Address
340 ROYAL POINCIANA WAY, SUITE 305 PALM BEACH, FL 33480	1544 SAWDUST ROAD, SUITE 210 THE WOODLANDS, TX 77380

01192004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0730295 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JENKINS, JAMES 340 ROYAL POINCIANA WAY, SUITE 305 PALM BEACH, FL 33480	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$1,994,545.00	

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 #	F99000002095	STREET ADDRESS	
NAME	JEFFERSON COMMUNITY HSNG DEV. FNDTN., INC.	CITY-ST-ZIP	700037437327 06/01/04--01014--023 **437.50
STREET ADDRESS	4315 N. ROBERTSON STREET		
CITY-ST-ZIP	NEW ORLEANS, LA 70117		
DOCUMENT #	P98000075637	STREET ADDRESS	
NAME	ESKO AFFORDABLE HOUSING - 97A, INC.	CITY-ST-ZIP	
STREET ADDRESS	340 ROYAL POINCIANA WAY, SUITE 305		
CITY-ST-ZIP	PALM BEACH, FL 33480		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	700037437327 06/01/04--01014--024 **88.75
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: G. Barron Rush, Jr. 1/19/04 2813638705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #