

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A97000002001**  
 1. Entity Name  
**NHP AFFORDABLE HOUSING PARTNERS 20 LIMITED PARTN**

**FILED** *WR 3/8*

**01 MAR -5 PM 4:10**

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**1675 PALM BEACH LAKES BLVD., SUITE 900**      **1675 PALM BEACH LAKES BLVD., SUITE 1000**  
**WEST PALM BEACH FL 33401**      **WEST PALM BEACH FL 33401**

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 **65-0786827**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**ERBEY, JOHN R**  
**1675 PALM BEACH LAKES BLVD., SUITE 900**  
**WEST PALM BEACH FL 33401**

**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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,435,817.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$ 3,102,231.11**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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	
DOCUMENT #	
NAME	<b>OCWEN FEDERAL BANK FSB</b>
STREET ADDRESS	<b>1675 PALM BEACH LAKES BLVD.</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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CITY-ST-ZIP	

*FF \$526.25*

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**03/07/01 01023 015**  
**\*\*\*526.25 \*\*\*526.25**

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:** *John R. Barnes*      **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**  
 Date **2/21/01**      Daytime Phone # **561-682-8000**  
*By: Owen Federal Bank, FSB, its general partner*

CP2E003 (11/00)