

# 2001 UNIFORM BUSINESS REPORT (UBR)

0000198 AF


<b>DOCUMENT #</b> A98000000135	
<b>1. Entity Name</b>	
NHPAHP FALLS LANDING LIMITED PARTNERSHIP	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
1675 PALM BEACH LAKES BLVD., #900 WEST PALM BEACH FL 33401	1675 PALM BEACH LAKES BLVD., #900 WEST PALM BEACH FL 33401

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip	Country

**FILED**  
01 MAR 26 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b>	
ERBEY, JOHN R 1675 PALM BEACH LAKES BLVD., #1002 WEST PALM BEACH FL 33401	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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** \_\_\_\_\_

<b>9. Capital Contributions as Shown on record.</b>	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>	<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
\$29,029.00	\$29,029.00	

**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	
<b>DOCUMENT #</b>	P98000004228
<b>NAME</b>	NHPAHP AFFORDABLE HOUSING FALLS LANDNG, INC
<b>STREET ADDRESS</b>	1675 PALM BEACH LAKES BLVD., #900
<b>CITY-ST-ZIP</b>	WEST PALM BEACH FL 33401

13. ADDRESS CHANGES ONLY	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>	200003931892--6
<b>CITY-ST-ZIP</b>	-03/30/01--01079--016
<b>STREET ADDRESS</b>	****291.95 ****291.25
<b>CITY-ST-ZIP</b>	

**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. Erbey **DATE:** 2/20/01 **Daytime Phone #:** 561-682-8000

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

CR2E003 (11/00)