


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A98000000135 1. Entity Name NHPAHP FALLS LANDING LIMITED PARTNERSHIP	
---	---

Principal Place of Business 1675 PALM BEACH LAKES BLVD., #900 WEST PALM BEACH, FL 33401	Mailing Address 1675 PALM BEACH LAKES BLVD., #900 WEST PALM BEACH, FL 33401
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
Zip	Country

03182004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0808371	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent ERBEY, JOHN R 1675 PALM BEACH LAKES BLVD., #1002 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. 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. \$29,029.00	10. Amount of Capital Contributions in FLORIDA to date. 317,114.00	\$526.25
---	---	-----------------

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 #	P98000004228	STREET ADDRESS	
NAME	NHPAHP AFFORDABLE HOUSING FALLS LANDING, INC	CITY-ST-ZIP	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD., #900		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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)(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: 	MARK J. NICHOLS, VP	4/1/04	561-682-8000
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>	<small>Daytime Phone #</small>

NHPAHP AFFORDABLE HOUSING FALLS LANDING, INC.

FILED

04 APR 19 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE