الأخ خلجته **₹2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004 DOCUMENT # A98000000137**



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2004 APR 12 PM 12: 28 NHPAHP STERLING WOODS LIMITED PARTNERSHIP DIVILION OF CORPORATIONS Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 1575 PALM BEACH LAKES BLVD., #900 1675 PALM BEACH LAKES BLVD., #900 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03182004 CR2E003 (10/03) Cha-LP Applied For City & State 4. FEI Number City & State 65-0808367 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ERBEY, JOHN R Street Address (P.O. Box Number is Not Acceptable) 1675 PALM BEACH LAKES BLVD., #1002 WEST PALM BEACH, FL 33401 City 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. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$29,579.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. P98000004231 DOCUMENT # STREET ADDRESS NHPAHP AFFORDABLE HOUSING STRLNG WOODS,INC NAME STREET ADDRESS 1675 PALM BEACH LAKES BLVD., #900 CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH, FL 33401 **800032515608** 04/13/04--01022--013 **526,25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P CHECK HERE CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE DOCUMENT # STREET ADDRESS 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 MARK J. NICHOLS. 561-682-8000 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER