

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000137**

1. Entity Name
NHPAHP STERLING WOODS 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**

FILED

03 SEP 24 AM 10:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



9/24

DUE BY SEPTEMBER 24, 2003

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 65-0808367		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		7. Name and Address of New Registered Agent	
ERBEY, JOHN R 1675 PALM BEACH LAKES BLVD., #1002 WEST PALM BEACH FL 33401		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. \$29,579.00	10. Amount of Capital Contributions in FLORIDA to date. 29,579.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P98000004231	STREET ADDRESS	
NAME	NHPAHP AFFORDABLE HOUSING STRLNG WOODS, INC	CITY-ST-ZIP	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD., #900		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		
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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:

Signature
MARK S. Nichols
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

9/22/03

Daytime Phone #

561-682-8000

CR2E003 (4/03)

0001068 AT