

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000220**

1. Entity Name

FAIR OAK ESTATES, LTD.

Principal Place of Business

**5505 N. ATLANTIC AVE., #115
COCOA BEACH FL 32931**

Mailing Address

**5505 N. ATLANTIC AVE., #115
COCOA BEACH FL 32931**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3543418

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCPHILLIPS, JACQUELINE
5505 N. ATLANTIC AVE., #115
COCOA BEACH FL 32931**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$2,480,298.00

10. Amount of Capital Contributions
in FLORIDA to date.

2,480,298

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 # **P98000006380**
NAME **HERITAGE FAIR OAK, INC.**
STREET ADDRESS **5505 N. ATLANTIC AVENUE, SUITE 115**
CITY-ST-ZIP **COCOA BEACH FL 32931**

DOCUMENT # **N16583**
NAME **MEMPHIS AREA COMMUNITY DEVELOPMENT CORP.**
STREET ADDRESS **1060 OREGON COURT**
CITY-ST-ZIP **SARASOTA FL 34236**

DOCUMENT # **F99000005852**
NAME **NATIONAL CORPORATE TAX CREDIT, INC. X**
STREET ADDRESS **9090 WILSHIRE BLVD., SUITE 201**
CITY-ST-ZIP **BEVERLY HILLS CA 90211**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **700005482767--3**
CITY-ST-ZIP **-05/08/02--01008--006**
******535.00 ****535.00**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/02

Daytime Phone #

321) 799-4090

CR2E003 (9/01)

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FILED
02 APR 29 PM 6:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

