

'.IMITED PARTNERSHIP ANNUAL REPORT _____Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A9800000220 1. Entity Name FAIR OAK ESTATES, LTD.					Secretary of State			
Principal Place of Business Mailing Address 5505 N. ATLANTIC AVE., #115 5505 N. ATLANTIC AVE. COCOA BEACH, FL 32931 COCOA BEACH, FL 329				-				
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc		02122004	Chg-LP	CR2E00	3 (10/03)
City & State		City & State	City & State		4. FEI Number 59-3543			Applied For Not Applicable
Zip	Zip Country Zip		Countr	у	5. Certificate o	f Status Desired		8.75 Additional se Required
	6. Name and Address of Curr	ent Registered Agent		Name	7. Name and A	ddress of New F	registered A	jent
MCPHILLIPS, JACQUELINE 5505 N. ATLANTIC AVE., #115					P.O. Box Number	is Not Acceptable	e)	
COCOA BEACH, FL 32931					·			
				City			FL	Zip Code
the obligat	named entity submits this stateme ions of registered agent.	nt for the purpose of changing its r	registered	d office or register	ed agent, or both	, in the State of Flo	orida Iamifa	miliar with, and accept
SIGNATURE	Signature, typed or printed name of requisiered a	igent and title if applicable					DATE	
9. Capital Co as Shown		10. Amount of Capita in FLORIDA to da		utions				
		R THAT IS A BUSINESS EN						
12.	GENERAL PART	NER INFORMATION	13,			ADDRESS CH	ANGES ONLY	·
DOCUMENT # NAME STREET ADDRESS	HERITAGE FAIR OAK, INC.			T ADDRESS				
CITY-SI-ZIP	COCOA BEACH, FL 32931		: C(TY - S	ST- ZIP				
DOCUMENT # NAME	N16583 MEMPHIS AREA COMMUNITY DEVELOPMENT CORP.		STREE	T ADDRESS	U00000159712 U5/1U/04-80042-014 535.00			
STREET ADDRESS CITY-ST-ZIP	1060 OREGON COURT SARASOTA, FL 34236		CITY -	ST-ZIP	U5/1U/U4~8UU4Z~U14 535.UU			
DOCUMENT # NAME	NATIONAL CORPORATE TAX CREDIT, INC. X		STREE	1 AODRESS				
STREET ADDRESS CITY-ST-ZIP	9090 WILSHIRE BLVD., SUITE 201 BEVERLY HILLS, CA 90211		CITY-:	SI-ZIP				
NAME			STREE	TADORESS				
STREET ADDRESS CITY+ST-ZIP			CITY-	ST-ZIP				
DOCUMENT #			STREE	T ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-	S1 - ZIP			<u> </u>	
DOCUMENT # NAME			STREE	T ADDRESS			,	
STREET ADDRESS CITY-ST-ZIP			GITY -	ST-ZIP				
14. I hereby indicated the recen	certify that the information supplied to nothis report is true and accurate ver or trustee empowered to execu-	with this filing does not qualify for and that my signature shall have to te this report as required by Chapt	the exen the same ter 620, F	nption stated in Se tegal effect as it n lorida Statutes	etion 119.07(3)(i) nade under oath;	, Florida Statutes. that I am a Gener	I further certi al Partner of t	fy that the information he limited partnership (