2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

## FILED Mar 23, 2005 08:00 AM Secretary of State

DOCUMENT # A9800000220  1. Entity Name FAIR OAK ESTATES, LTD.						
	of Business. — NTIC AVE., #打5 I, FL 32931	Mailing Address 5505 N. ATLANTIC AVE COCOA BEACH, FL 329				
2. Principal Pl	ace of Business	3. Mailing Address	<u> </u>			
Suite, Apt. #, etc Suite. Apt. #. etc						
						CR2E003 (10/03)
City & State		City & State		<u> </u>	4. FEI Number 59-3543418	Applied For Not Applicat
Zip	Country	Zip	Country	у	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent			7. Name and Address of New Regi	stered Agent
MCPHILLIPS, JACQUELINE				Name		
5505 N. ATLANTIC AVE., #115 COCOA BEACH, FL 32931				Street Address (	P.O. Box Number is Not Acceptable)	
COCOA BE	AUH, FL 32931		Ţ			
				City		FL Zip Code
	named entity submits this statemer ons of registered agent.	t for the purpose of changing its	registered	d office or register	red agent, or both, in the State of Florida	a. I am familiar with, and acce
SIGNATURE -	Signature, typed or printed name of registered as	pent and life if applicable.		·		DATE
9. Capital Cor as Shown o	on record. \$2,480,298.00	10. Amount of Capit in FLORIDA to d	ate.	3,486	,,298,80	
	A GENERAL PARTNE NOTE: General Partners	R THAT IS A BUSINESS EN MAY NOT be changed on t	he form;	an amendmen	TERED AND ACTIVE WITH THIS at must be filed to change a gene	oral partner.
12.		VER INFORMATION	13.		ADDRESS CHANC	GES ONLY
DOCUMENT # NAME	P9800006380 HERITAGE FAIR OAK, INC.			ADDRESS		
STREET ADDRESS CITY-ST-ZIP	5505 N. ATLANTIC AVENUE, SUITE 115 COCOA BEACH, FL 32931			IT-ZIP		
DOCUMENT # NAME	N16583 MEMPHIS AREA COMMUNITY DEVELOPMENT CORP.			ADDRESS		
STREET ADDRESS CITY-ST-ZIP	1060 OREGON COURT SARASOTA, FL 34236		city-s	iT-ZIP		
DOCUMENT # NAME	F99000005852 NATIONAL CORPORATE TAX CREDIT, INC. X			ADDRESS	000 <b>00</b> 0 03/23/05-	273994 80052-009 535.00
STREET ADDRESS CITY-ST-ZIP	S 9090 WILSHIRE BLVD., SUITE 201 BEVERLY HILLS, CA 90211			it-ZIP		
DOCUMENT # NAME			STREET	ADDRESS		
STREET ADDRESS   CITY-ST-ZIP		·	CITY-\$	ST-ZIP		
DOCUMENT # NAME			STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-S	T-ZIP		
DOCUMENT # NAME			STREET	ADORESS		
STREET ADDRESS CITY-ST-ZIP			CITY-S	T-ZIP		
14. I hereby condicated the received	on this report is true and accurate a er or trustee empowered to executo	with this filling does not qualify for and that my signature shall have thistreport as required by Chap	r the exemple the same loter 620, Flore	ption stated in Se egal effect as if n orida Statutes	ection 119,07(3)(i), Florida Statutes. I fur nade under oath; that I am a General Pa	ther certify that the information artner of the limited partnership