

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 25, 2006 08:00 AM
Secretary of State

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**



01042006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 the filer(s).

1100000401828
02/02/06-80061-006 508.75
DATE

FILE NOW!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

DATE

Daytime Phone #

James Kenneth Jones **1/26/06** **779-4090**