

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**DOCUMENT # A98000000220**

1. Entity Name  
**FAIR OAK ESTATES, LTD.**



**FILED**  
**07 MAY 18 AM 9:42**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.  
**#108**

Suite, Apt. #, etc.  
**#108**

City & State

City & State

Zip

Country

Zip

Country

04132007 Chg-LP CR2E003 (12/06)

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**

**7. Name and Address of New Registered Agent**

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

Name  
**KINCAID, JAMES**

Street Address (P.O. Box Number is Not Acceptable)

**5505 N ATLANTIC AVE.; #108**

City  
**COCOA BEACH**

FL Zip Code  
**32931**

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

*James Kincaid*

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

**4/20/2007**

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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**

**13. ADDRESS CHANGES ONLY**

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

STREET ADDRESS **5505 N ATLANTIC AVE.; #108**  
 CITY-ST-ZIP

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

STREET ADDRESS **200103699632**  
 CITY-ST-ZIP **06/01/07-01010--003 \*\*580.75**  
**000103701610**

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

STREET ADDRESS **06/01/07--01014--003 \*\*508.75**  
 CITY-ST-ZIP

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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 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: James Kincaid, James Kincaid**

**4/20/2007**

**321-799-4090**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE