2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

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SIGNATURE:

SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # A98000000220 08 MAY -7 PM 1:50 FAIR OAK ESTATES, LTD. Principal Place of Business Mailing Address 5505 N. ATLANTIC AVE., #108 5505 N. ATLANTIC AVE., #108 COCOA BEACH, FL 32931 COCOA BEACH, FL 32931 Principal Place of Business - No P.O. Box # Mailing Address Po Box LANTIS Suite, Apt. #, etc 04082008 CR2E003 (12/06) Chg-LP City & State _ 4. FEI Number Applied For 59-3543418 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KINCAID, JAMES 5505 N. ATLANTIC AVE., #108 Street Address (P.O. Box Number is Not Acceptable) COCOA BEACH, FL 32931 405-B ATLANTIS ROAD 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 title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 05/07/108--01009--028 **508.75 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. DOCUMENT # P98000006380 STREET ADDRESS HERITAGE FAIR OAK, INC. NAME STREET ADDRESS 5505 N. ATLANTIC AVENUE, SUITE 108 CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH, FL 32931 DOCUMENT # STREET ADDRESS NAME MEMPHIS AREA COMMUNITY DEVELOPMENT CORP. STREET ADDRESS 1060 OREGON COURT CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34236 F99000005852 DOCUMENT # STREET ADDRESS NAME NATIONAL CORPORATE TAX CREDIT, INC. X STREET ADDRESS 9090 WILSHIRE BLVD., SUITE 201 CITY-ST-ZIP CITY-ST-ZIP BEVERLY HILLS, CA 90211 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-\$T-ZIP 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

James KincaiA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER