UN	IFORM B	USINES	S REPORT	' (UBR	i)	,			
DOCUMENT # A9800000220 1. Entity Name FAIR OAK ESTATES, LTD.						SECRETARY OF STATE VISION OF CORPORATIONS	M	13/27	
•			lailing Address 105 N. ATLANTIC AVE #1* DCOA BEACH FL 32931			D3 MAR 25 AM 8: 35	140 14 10 14	HIB HIBNE HIBN BEN HER!	
2. Principal Place of Business 3. Mailing			Mailing Address						
Suite, Apt. #, etc. S			Suite, Apt. #, etc.		DUE BY MAY 1, 2003				
City & State			City & State		· · · · · ·	4. FEI Number 59-3543418		Applied For Not Applicable	
Zip	Country		Zip	Country		5. Certificate of Status Desired	Fee F	75 Additional Required	
	6. Name and Add	ress of Current Regis	stered Agent	Name		7. Name and Address of New Register	ad Agent	- 1	
MCPHILLIPS, JACQUELINE 5505 N. ATLANTIC AVE., #115					Street Address (P.O. Box Number is Not Acceptable)				
COCOA BEACH FL 32931									
				City		Zip Code			
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 -				<u></u>		······································			
O Conital Co	Signature, typed or printed name		·	Contributions		11. MAKE CHECK PAYAE		DEDT OF STATE	
9. Capital Co as Shown	on record.	80,298.00	10. Amount of Capital in FLORIDA to date	<u>. </u>	,480	SEE REVERSE SIDE	FOR FEE		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY NOTE: General Partners MAY NOT be changed on the following the state of the st									
12. GENERAL PARTNER INFORMATION				13.		ADDRESS CHANGES	YINC		
DOCUMENT # NAME	P98000006380 HERITAGE FAIR O	AK. INC.		STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	5505 N. ATLANTIC AVENUE, SUIT COCOA BEACH FL 32931		15	CITY-ST-ZIP					
DOCUMENT #	N16583 MEMPHIS AREA COMMUNITY DEVELOPMENT CORP.			STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	1060 OREGON CO SARASOTA FL 342	urt		CITY-ST-ZIP		500014681; 03/25/0301038012	105		
DOCUMENT # NAME	NATIONAL CORPORATE TAX CREDIT, INC. X 9090 WILSHIRE BLVD., SUITE 201			STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP				·	
DOCUMENT # NAME				STREET ADDRESS					
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 poort as required by Chapter 620 Plorida Statutes

SIGNATURE: