

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

A9800000588

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 30 PM 4: 02

1. Name of Limited Partnership		1a. DOCUMENT # A9800000588	
MAYPORT AFFORDABLE HOUSING PARTNERS, LTD.			
Mailing Address Post Office Box 4961 Orlando, FL 32802-4961		Principal Office Address 645 Mayport Road, Suite 3-B Atlantic Beach, FL 32233	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
3. Date Formed or Registered 3/8/1998		5a. Capital Contributions as Shown on record. \$50.00	
3a. Date of Last Report Not applicable		5b. Amount of Capital Contributions in FLORIDA to date: \$50.00	
4. State or Country of Formation Florida		6. FEI Number 54-3547869 Applied for	
7. Certificate of Status Desired		Applied For <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)		\$8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
B&C Corporate Services of Central Florida Inc. 390 North Orange Avenue, Suite 1100 Orlando, Florida 32801		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) B&C CORPORATE SERVICES OF CENTRAL FLORIDA, INC., Vice President DATE 12/28/98

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
BELLE ORCHID, INC., a Florida corporation	645 Mayport Road Suite 3-B	Atlantic Beach, FL 32233	P98000018300
MAYPORT ORCHID TRACE, INC., a Florida corporation	13698 Bromley Pointe Drive	Jacksonville, FL 32225	P98000017965
		500002735415--3 -01/08/99--01110--003 ****141.50 ****141.50	
		500002735415--3 -01/08/99--01110--004 *****8.75 *****8.75	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE BELLE ORCHID, INC., a Florida corporation, as general partner DATE 12/29/98
By: Lynn Klein Allgood, President 904-246-8304

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number