

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000588

1. Entity Name

MAYPORT AFFORDABLE HOUSING PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 10 AM 11:02



DO NOT WRITE IN THIS SPACE

Principal Place of Business

645 MAYPORT ROAD, SUITE 3B
ATLANTIC BEACH FL 32233

Mailing Address

P.O. BOX 4961
ORLANDO FL 32802-4961

2. Principal Place of Business

645 MAYPORT ROAD

3. Mailing Address

Suite, Apt. #, etc.

SUITE 3A

City & State

ATLANTIC BEACH, FL

4. FEI Number

59-3547869

Applied For

Not Applicable

Zip

32233

Country

USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES OF CENTRAL FLORID
A 390 NORTH ORANGE AVENUE, SUITE 1100
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$50.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # P98000018300
NAME BELLE ORCHID, INC.
STREET ADDRESS 645 MAYPORT ROAD, SUITE 3B
CITY-ST-ZIP ATLANTIC BEACH FL 32233

DOCUMENT # P98000017965
NAME MAYPORT ORCHID TRACE, INC.
STREET ADDRESS 13698 BROMLEY POINTE DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32225

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

800003174318--2
-03/17/00--01066--015

****150.00 ****150.00

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 report as required by Chapter 620, Florida Statutes

SIGNATURE:

BELLE ORCHID, INC.

SIGNATURE REQUIRED
LYNN ALLIGOOD, PRESIDENT

2/22/00 904/241-4019
Date Daytime Phone #