

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
05 APR 18 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000000588 1. Entity Name MAYPORT AFFORDABLE HOUSING PARTNERS, LTD.					
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 Suite, Apt. #, etc. Suite 3A		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01062005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 59-3547869	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,277,562.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 # P98000018300 NAME BELLE ORCHID, INC. STREET ADDRESS 645 MAYPORT ROAD, SUITE 3B CITY-ST-ZIP ATLANTIC BEACH, FL 32233				STREET ADDRESS Suite 3A CITY-ST-ZIP	
DOCUMENT # P98000017965 NAME MAYPORT ORCHID TRACE, INC. STREET ADDRESS 13698 BROMLEY POINTE DRIVE CITY-ST-ZIP JACKSONVILLE, FL 32225				STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME 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. By: Belle Orchid, Inc., managing general Partner					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> Lynn Klein-Alligood, President				1/28/05 (904) 241-0474 <small>Date Daytime Phone #</small>	

STAPLE CHECK HERE