

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A98000000588

**FILED**  
**Mar 27, 2010**  
**Secretary of State**

**Entity Name:** MAYPORT AFFORDABLE HOUSING PARTNERS, LTD.

**Current Principal Place of Business:**

645 MAYPORT ROAD, SUITE 3-A  
ATLANTIC BEACH, FL 32233

**New Principal Place of Business:**

509 ORCHID STREET  
ATLANTIC BEACH, FL 32233

**Current Mailing Address:**

P.O. BOX 4961  
ORLANDO, FL 328024961

**New Mailing Address:**

509 ORCHID STREET  
ATLANTIC BEACH, FL 32233

**FEI Number:** 59-3547869

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

B & C CORPORATE SERVICES OF CENTRAL FLORID  
390 NORTH ORANGE AVE., SUITE 1400  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P98000018300  
Name: BELLE ORCHID, INC.  
Address: 645 MAYPORT ROAD, SUITE 3-A  
City-St-Zip: ATLANTIC BEACH, FL 32233

Document #: P98000017965  
Name: MAYPORT ORCHID TRACE, INC.  
Address: 645 MAYPORT ROAD, SUITE 3-A  
City-St-Zip: ATLANTIC BEACH, FL 32233

**ADDRESS CHANGES ONLY:**

Address: 509 ORCHID STREET  
City-St-Zip: ATLANTIC BEACH, FL 32233

Address: 509 ORCHID STREET  
City-St-Zip: ATLANTIC BEACH, FL 32233

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: CHANDRA SAWYER

MGR

03/27/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date